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TRANSACTIONS

OF THE

ECLECTIC MEDICAL SOCIETY,

OF THE

STATE OF NEW YORK

FOR THE YEARS 1893 TO 1897.

VOL XVI.

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ECLECTIC MEDICAL SOCIETY

OF THE

STATE OF NEW YORK.

CONSTITUTION.

WHEREAS, The Legislature of the State of New York, at its eighty-eighth session, passed a law entitled "An act to incorporate the Eclectic Medical Society of the State of New York and auxiliary local Medical Associations, approved April 24, 1865, in the words following:

AN ACT for the incorporation of the Eclectic Medical Society of the State of New York, and auxiliary local Eclectic Medical Associations.

PASSED Aprill 24, 1865.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. Robert S. Newton, of the City of New York, A. W. Russell, of Albany, Benjamin F. Arnold, of Pawling, Dutchess County, Calvin S. Totman, of Syracuse, William W. Hadley, of Brooklyn, D. E. Smith, Jacob Van Valkenburgh, and their associates are hereby declared to be a body corporate and politic, by the style and name of the Eclectic Medical Society of the State of New York, and by that name

shall be in law capable of suing and being sued, pleading and being impleaded, answering and being answered, defending and being defended in all courts and places, and in all matters and causes whatsoever, and shall have and use a common seal, with authority to alter and renew the same at pleasure.

§ 2. The said society shall hereafter be composed of members duly chosen as its by-laws shall direct; and at its annual meetings, the members in attendance, not less than fifteen in number, may elect a president and such other officers as may be deemed proper, who shall hold their offices for one year, and till others shall be chosen in their places. It shall be lawful for said society to purchase and hold real property for its use, not exceeding in value the sum of twenty thousand dollars.

§ 3. The recording secretary shall file in the office of the Secretary of State a copy of the constitution and by-laws of said society, and a copy of the journal of the proceedings had at the first meeting held after the passage of this act, he shall also provide a book in which he shall record all the resolutions and proceedings which may be had from time to time, also the name of every member of the society, his residence and the time of his admission into the society, and also the annual and other reports relative to the condition of the treasury, and all such other matters a majority of the society shall deem proper. It shall be lawful for any member of the society, at all times, to have resource to this book, and it shall be delivered, together with all books, papers and records which may be in the hands of the secretary and the property of the society, to his successor in office. He shall also, in the month of January in each year, make a report to the Legislature, embracing the journals, records of scientific discoveries, and other papers upon medical or surgical subjects which may be prepared under the direction of the society.

§ 4. It shall be lawful for physicians who subscribe to the constitution of the Eclectic Medical Society of the State of New York to meet together in each of the counties in the State, or in other localities to be specified in their call for such assemblage, and organize medical societies for the county, district or locality in which they reside, subject to the approval and sanction of the aforesaid State Society. Such societies, when so organized and sanctioned, shall elect a president and other officers, and shall file in the office of

the clerk of the county where such meeting shall be held a copy of the constitution, by-laws and proceedings held at such meeting.

§ 5. All the powers, privileges and immunities now conferred by law upon the State Medical Society and the State Homœpathic Medical Society, and upon the county medical societies, and upon the county homœopathic medical societies, except granting the degree of doctor in medicine, are hereby connferred upon the several societies incorporated pursuant to this act; and the said societies shall be subject to the duties and responsibilities to which State and county medical societies are subject under the laws of this State.

The undersigned being duly associated and becoming a corporation pursuant to said act, by the name and style of "The Eclectic Medical Society of the State of New York," have adopted the accompanying code of by-laws; and in order to declare, without equivocation, the cardinal doctrines and usages by which we are distinguished, do each and severally subscribe and set forth the following

PLATFORM AND DECLARATION.

Medical Eclecticism comprises all truth which is contained in each of the various schools of medicines, and excludes all manifested error, whether pertaining to opinion or practice. It is the province of the physician to know and apply remedial agents which, according to his best knowledge, conform most exactly to the laws of physiology, and operate as auxiliaries to the healing power of nature; rejecting those substances which are known to be baneful and poisonous, and to have for their employment neither necessity nor adequate justification. We accordingly exclude from our catalogue of medicines, wholly and unqualifiedly, the several preparations and compounds of mercury, arsenic, lead, and antimony, and discard, also, as useless and inexcusable, the practice of blood-letting. Other agents are known to be objectionable, the use of which we accept on sufferance, owing to the incomplete condition of medical knowledge. But we

protest, at the same time, that we hope eventually to be able to adopt in their stead more efficient and harmless substitutes, adapted to an intelligent practice, and meeting every want of the medical profession.

We are not desiring or endeavoring to lower the standard of scientific attainment. The physicians of our faith have added to the knowledge of *materia medica* and the proper methods of treating the sick, and, amid obloquy and persecution, elevated the practice of the healing art. We propose, by association and the maintenance of friendly relations, to strengthen each other in the prosecution of an honorable profession.

We believe that knowledge makes its possessors liberal and fraternal, and not partisan or exclusive. We accordingly accept no code of ethics which is at variance with the golden maxim, "Whatsoever ye would that men should do to you, do you even so to them." Courtesy and justice we have a right to demand from others; and it is an oppression to endeavor to restrict any person in the employment of lawful measures to extend his field of honorable industry. Nor do we esteem any knowledge lightly, however it may have been contributed, which shall enable us to be, in any way, more useful in our vocation. The art of healing, like civilization itself, is daily improving, expanding and becoming more perfect.

BY-LAWS.

Article I.

The officers of this society shall be a president, a vice-president, recording secretary, corresponding secretary, and treasurer. The officers here named shall constitute the *Board of Directors* of the society. The president, vice-president and recording secretary shall constitute the *Committee of Publication*.

There shall also be a board of censors, consisting of one member from each judicial district of the State represented in

the membership of this society, and an additional member from the corporation and faculty of the Eclectic Medical College of the City of New York; but in case of absence of any censor at any meeting of the board, the president may designate another member of the society to act in his place.

All these officers shall be elected at the annual meeting, by ballot, except that mode of choice shall be waived by unanimous consent. A majority of votes shall be necessary for a choice on the first ballot, but a plurality shall be sufficient at any ensuing ballot.

Article II.

The president shall exercise all the functions usually devolving upon his office in parliamentary bodies and voluntary associations, except as the same may be modified by a resolution of the society. He shall appoint officers to fill all vacancies occurring when the society is not in session; he shall deliver a public address at the annual and semi-annual meetings, or procure other speakers for the occasion; and he shall perform all other duties legitimately pertaining to the presiding officer.

The vice-president shall be the temporary president of the society, exercising all the functions of the president in case of his absence from the sphere of his duties, or from death, disability or other disqualification.

The recording secretary shall perform all acts required by the third section of the act of incorporation. He shall also receive all moneys due the society, and pay the same without delay to the treasurer; he shall sign all credentials and diplomas of the society, issue notices of all meetings, and cause them to be transmitted to the several members, and to the president and secretary of every auxiliary society, take charge of all books, pamphlets and other literature the property of the society, shall superintend the distribution of the annual transactions, and shall do all things duly required of him by the society.

The corresponding secretary shall aid in the correspondence of the society, and shall also give such assistance to the recording secretary as he may require.

The treasurer shall take charge of all moneys belonging to the society; he shall pay all bills duly incurred and approved by the board of directors, and he shall report annually to the society the management and condition of its finances.

The board of directors shall manage the corporate affairs and general business of the society, examine all bills and charges, and procure suitable rooms for the accommodation of the society. Three directors shall constitute a quorum for the transaction of business, provided that lawful notice shall have been given to all members of the board.

Article III.

The society shall consist of the permanent members whose names are now lawfully upon the roll and who subscribe to the platform and declaration, and of delegates duly appointed by auxiliary societies which are not in arrears for dues to this society. New members may be added from time to time, on the nomination of the auxiliary societies to which they respectively belong.

The censors, or a majority of them, shall examine all candidates for membership, and shall report favorably in case that every such candidate holds the degree of doctor of medicine or is a practitioner who has been in reputable practice for five years, and who is of good reputation for virtue, intelligence and sympathy with the purposes of this society, who is eligible to membership and has been duly nominated by the auxiliary society to which he or she may belong. The society may also elect honorary members, not exceeding ten in any year, who shall have been proposed at a preceding meeting, and shall be the residents of another State or citizens of this State not members of an auxiliary association, and shall be in other respects suitable candidates for membership. Permanent and honorary members shall be elected by

ballot, and shall sign the constitution and by-laws and shall pay ten dollars each to the recording secretary. If three or more ballots appear against a candidate, he shall be rejected.

A certificate or diploma of membership, both for permanent and honorary members, shall be furnished to such members, duly signed by the president and secretary, and attested by the corporate seal of the society.

Any member may be officially censured, invited to resign his membership, or expelled from the society for improper or unprofessional conduct, or a renunciation of the principles and fellowship of the society, by a vote of four-fifths of the permanent members of the society present at a regular meeting; provided that a specific charge shall have been made at such meeting, in writing, or at a previous meeting; also that the society shall have resolved to entertain such charge, and due notice shall have been given to the accused person, that he may be present and defend himself, if he shall so elect. Any member, except a non-resident of the State, voluntarily ceasing to belong to an auxiliary society, shall thereby cease to be a member of this society. But any member who shall have been dropped or excluded from membership, for any alleged cause, shall have the right to serve a notice, within one year, upon the president of this society, who shall cause a review of said proceedings, either by special committee or at a meeting of this society, and the decision of this society, whether to set aside or confirm the same, shall be final.

Article IV.

Auxiliary societies, whose purposes are in unison with this society, may be organized, as prescribed in the fourth section of the charter, subject to the approval and sanction of this society, or of its board of directors, when the society is not in session. Upon authorization, they shall pay the recording secretary five dollars as initiation fee. Every auxiliary society shall be entitled to three delegates annually, and to a delegate in addition for every ten members of such society in

good standing; and may, in addition, nominate annually, four members, who are or have been delegates to this society, for permanent members of this society. Each Eclectic Medical College may also send two delegates to each annual session, who shall possess for one year all the powers, and be subject to all the obligations of members of the society.

Article V.

On the first day of each annual meeting shall be appointed a *Nominating Committee*, consisting of one member from each district society lawfully represented, whose duty shall be to nominate officers for the society for the ensuing year, and to report immediately, upon the convening of the society, on the second day of the session. The committee shall also propose the time and place for holding the next ensuing meeting, subject to the approval of the society.

Article VI.

Fifteen members may constitute a *quorum* of the society. Three directors may constitute a quorum of the board, provided each director shall have been notified of the time and place of meeting.

Article VII.

Amendments.—Proposals to alter or amend the constitution or by-laws shall be presented in manuscript, and read at a regular meeting, when it shall lie over until the next meeting, unless there is a unanimous desire to act on it immediately; but no alteration shall at any time be made except by a vote of two-thirds of all the members present. The laws of the State of New York, regulating the practice of medicine and surgery, and other statutes applicable, shall be deemed a part of this constitution.

Article VIII.

Order of Business.—1. Calling the roll of members and delegates.

2. Reading the minutes of the last meeting.
3. Receiving propositions for permanent membership.
4. Reports of officers.
5. Reports of committees, and action on the same.
6. Reports of essayists and discussions.
7. Miscellaneous business.
8. Adjournment.

Article IX.

Dues.—At each annual meeting of the society each auxiliary society shall pay to the secretary an amount equivalent to one dollar for each member of such auxiliary society as annual dues, and no delegation shall be received from any society in arrears. Permanent members, non-residents of this State and not connected with any auxiliary society, shall pay to the secretary two dollars annually as dues.

Article X.

This society shall appoint, annually, at its regular election of officers, a committee of three, to be nominated by the chair, and approved by a two-third vote of the members present, which committee shall be called the Advisory Committee.

If, at any time, any member of this society, in the opinion of any other member, abuses the privileges granted by the code of ethics, complaint may be made against such member to the advisory committee, and if, in the opinion of this committee, the complaint is well founded, it shall notify the accused member that his case will be heard at a meeting appointed by the chairman of said committee; that if the matter can be satisfactorily settled between the committee and the accused member, it shall not be brought publicly to the notice of the society, nor affect the standing of the accused member in the same; that if it be the cause of any insur-

mountable conflict of opinion between the accused and the committee, in consequence of which the case cannot be amicably adjusted, it may then be reported at the first regular meeting of the society held thereafter; that after due consideration of the case at said meeting, a resolution may be offered, providing for taking a ballot at the next regular meeting on the question of censuring, suspending or expelling the recalcitrant member, and requiring the secretary to notify each member of the proposed action of the society; that if, at this meeting, two-thirds of the members present shall vote for the suspending or expelling of the accused member, the presiding officer shall formally announce to the society the result of the ballot, and if it be in favor of expulsion, the name of such member shall be forthwith stricken from the roll, and his membership in the society declared to be at that moment ended.

No member of this society shall attempt to support any of his claims to medical success in any newspaper, or other advertisement, by announcing therein his connection with this society or any of its members, directly or indirectly.

The name of this society shall not be used in any pamphlet or book publication by any member without the consent, in writing, of the advisory committee; that even this consent may be reconsidered and retracted by the committee at any meeting called by the chairman of the same, if the publication is such, in the opinion of three or more members, as to damage the reputation of the society. In case of any such decision of the advisory committe, the member feeling aggrieved may if he choose, bring the question directly before any regular meeting of the society, at which the vote of two-thirds of the members present, for or against the question thus introduced, shall be final.

Code of Ethics of the Eclectic Medical Society of the State of New York, Adopted January 1873.

Article I.

The interests and rights of medical men are as dear to them as are those of any other class of citizens in this Union to themselves; they are entitled, by the Constitution of this Republic, to the same freedom and privileges in moral, social, political and civil life as are individuals pursuing any other vocation; and any associations or rules which would deprive them of the least portion of these rights and privileges are unwarranted usurpations, contrary to the spirit and intent of our government, and consequently, of no force in law or custom.

Article II.

The common rules and maxims of morality which are enjoined in the Bible, and have been recognized by the wise and virtuous at all times and in every civilized country, are comprehensive enough in their scope to meet all the contingencies and emergencies which. in a moral point of view, are likely to arise in the transactions of business and the interchange of thought and sentiment between man and man.

Minutes of the Thirty-third Annual Meeting of the Eclectic Medical Society of the State of New York.

FIRST DAY.

Morning Session.

Albany, N. Y., March 29th, 1893.

The Society met in Geological Hall, Albany, N. Y., and was called to order by the President, E. L. Downey, M. D., of Middleport, at 10 A. M. Prayer was offered by Rev. Dr. McCain of Lansingburgh.

The Following members responded to the roll call:

Dr. G. W. Boskowitz,	Dr. G. W. King,
" D. A. Chase,	" R. Liston,
" T. Cleland,	" P. Low,
" J. B. Conklin,	" J. L. Lynch,
" T. Conrad,	" F. C. Maxon,
" Thos. B. Carpenter,	" W. W. Nims,
" A. DeLatour,	" G. W. Nyce,
" E. L. Downey,	" L. J. Phelps,
" J. H. Dye,	" R. V. Pierce,
" E. B. Foote,	" T. W. Pomroy.
" L. O. Goetchius,	" T. W. Quackenbush,
" T. Grant,	" G. A. Reinhardt,
" F. D. Gridley,	" F. A. W. Rivet,
" H. L. Grose,	" J. E. Salisbury,
" R. A. Gunn,	" L. H. Smith,
" H. C. Gazlay,	" O. W. Sutton,
" R. Hamilton,	" A. R.Tiel,
" W. R. Hayden,	" W. L. Tuttle,
" H. C. Hinds,	" A. B. Whitney,
" L. E. Horton,	" Alex Wilder,
" F. W. Hayes,	" Jas. L. Watson,

Total, 42.

The Secretary announced that a quorum was present,

and the meeting was declared open for the transaction of business.

President Downey then delivered his annual address, subject, "Evolution of Eclecticism."

After the reading of the President's address, the following appointments were made to fill vacancies on the Board of Censors: 2nd District, Dr. A. R. Tiel, in the place of Dr. C. Collin; 6th District, Dr. J. E. Salisbury, in the place of Dr. J. J. Wescott; 7th District, Dr. L. E. Horton, in the place of Dr. H. Povall; College, Dr. G. W. Boskowitz, in the place of Dr. O. A. Hyde.

The Board of Censors then stood as follows:

1st	District,	J. L. Watson, M. D., Brooklyn.
2d	"	A. R. Tiel, M. D., Matteawan.
3d	"	Thos. Grant, M. D., Liberty.
4th	"	G. W. King, M. D., King's Station.
5th	"	W. W. Nims, M. D., Syracuse.
6th	"	J. E. Salisbury, M. D., Cazenovia.
7th	"	L. E. Horton, M. D., Avoca.
8th	"	G. A. Reinhardt, M. D., Buffalo.
College,	-	G. W. Boskowitz, M. D., N. Y. City.

The Secretary submitted the printed copy of the Minutes of 1892, which were approved as printed.

The credentials of the various auxiliary societies were then handed to the Board of Censors. During the absence of the Board of Censors the President called for the verbal reports of auxiliary societies.

The Albany County Society was reported upon by Dr. Conklin, who stated that there were five members in good standing, all interested in Eclecticism, and hoping to show an increase during the year.

Black River District Society.—No report.

Broome County Society.—No report.

Brooklyn Academy of Medicine.—Dr. Cleland reported for the society four members in good standing.

Central New York Society.—Dr. D. E. Ensign reported

the society in a flourishing condition, holding two meetings annually, at which interesting essays are read and discussed. They had lost three members by death during the last year, and have a present membership of 23.

Genesee Valley Society, no report.

Hudson River District Society.—Report furnished later in session.

The Saratoga District Society was reported upon by that veteran Eclectic, Dr. R. Hamilton. He reported that the society was active in work, having twelve good substantial members; that interesting papers were read at the meetings, and that the discussions were spicy and instructive.

Southern Tier Society.—Dr. Sutton reported six members in good standing, with interesting papers read at the meetings, and an active interest in the cause of Eclecticism.

Sullivan County Society.—Dr. Phoebe Low reported eleven members in good standing, all successful practitioners; meetings well attended, and interesting essays read.

Susquehanna District Society, no report.

Western New York Society.—Dr. Hayes reported fifty-six members in good standing; that the meetings of the society were very interesting and satisfactory, and that they were making excellent progress.

West Side Medical Society.—Dr. Gunn reported fifty-one members in good standing; that the meetings were interesting and well attended. He spoke at some length in eulogy of Doctors E. Whitney and D. K. McDonough, lately deceased.

The Eclectic Medical Society of the City and County of New York, through its Secretary, Dr. T. D. Adlerman, reported seventy-two members in good standing; that they are doing active and interesting work; are steadily advancing and hope soon to report one hundred members in good standing. Essays in medicine and kindred subjects are read at all the meetings.

The Eclectic Medical College of the City of New York.—

In the absence of Dr. Boskowitz, Dr. Hinds stated that the College had a superior class of students, and is doing remarkably good work.

The Board of Censors reported as follows:

The Albany County Society reports:

Total membership, last report,	11
Deceased,	4
Membership in good standing,	7

No delegates. Dues to State Society paid.

The Black River District Society, no report.

The Broome County Society, no report.

The Brooklyn Academy of Medicine reported:

Total membership, last report,	5
Deceased,	1
Membership in good standing,	4

Delegates: Drs. Geo. P. Carman, H. B. Smith and Jas. L. Watson.

Recommended for permanent membership: Drs. Jas. L. Watson, H. B. Smith and Geo. P. Carman.

Dues to State Society paid.

The Central New York Society reports:

Total membership, last report,	25
New members, admitted during year,	3
Reinstated by payment of arrears,	4
Removed from the State,	1
Deceased,	3
Suspended for arrears,	5
Membership in good standing,	23

Delegates: Drs. L. D. Greenleaf, G. W. Manwaren, D. E. Ensign, D. M. Marshall and A. E. Broga. Alternates: Drs. E. M. Manwaren, W. W. Nims, J. E. Salisbury, J. H. Robinson and C. T. Greenleaf.

Recommended for permanent membership: Drs. D. M. Marshall, D. E. Ensign, G. W. Manwaren and L. D. Greenleaf.

Dues to State Society paid.

The Genesee Valley Society.—No report.

The Hudson River District Society reports:

Total membership, last report, - - - - -	4
Membership in good standing, - - - - - -	4

Delegates: A. R. Tiel and C. Collin.

Dues to State Society paid.

The Oswego County Society.—No report.

The Saratoga District Society reports:

Total membership, last report, - - - - -	11
New members admitted during the year, - - -	1
Membership in good standing, - - - - -	12

Dues to State Society paid.

No delegates named.

The Southern Tier Society reports:

Total membership, last report, - - - - -	7
Suspended for arrears, - - - - - - -	1
Membership in good standing, - - - - -	6

Delegate: Dr. R. W. Padgham.

Dues to State Society paid.

The Sullivan County Medical Society reports:

Total membership, last report, - - - - -	11
Membership in good standing, - - - - - -	11

Delegates: Drs. C. W. Brandenburg, M. Grant and F. A. Carpenter. Alternates: Drs. A. E. Bonesteele and Leon De Venoge.

Dues to State Society paid.

The Susquehanna District Society.—No report.

The Western New York Society reports:

Total membership, last report, - - - - -	58
New members, admitted during the year, - - -	3
Removed from the State, - - - - - - -	2
Deceased, - - - - - - - - - -	2
Suspended for arrears, . - - - - - -	4
Membership in good standing, - - - - - -	53

Delegates: Drs. Chas. J. Bennett, S. H. Warren, I.

A. McClellan, H. A. Hayes, Geo. Jackson, Elmore Palmer and Geo. S. Hobbie. Alternates: Drs. E. J. Danelson, G. K. V. S. Chick and D. Newell Waterbury.

Recommended for permanent membership, Drs. I. A. McClellan, H. A. Hayes, Elmore Palmer and Chas. J. Bennett.

Dues to State Society paid.

The West Side Medical Society reports:

Total membership, last report,	62
New members, admitted during the year,	1
Removed from the State,	3
Deceased,	3
Suspended for arrears,	6
Membership in good standing,	51

Delegates: Drs. G. R. Smith, E. V. Wright, Laura M. Wright, John W. Egan, P. M. Doty, M. F. Stryker, S. A. Purdy and G. Pfingsteen.

Recommended for permanent membership, Drs. E. V. Wright, M. F. Stryker, S. A. Purdy and G. Pfingsteen

Dues to State Society paid.

The Eclectic Medical Society of the City and County of New York Reports:

Total membership, last report,	57
New members, admitted during the year,	1
Reinstated by payment of arrears,	14
Members in good standing,	72

Delegates: Drs. S. A. Hardy, T. D. Adlerman, J. H. Bell, A. D. Hrdlicka, L. Randell, .W Shafer, J. Yarnall, T. Sargood, S. Goldberg, M. Krimke. Alternates: Drs. M. Abramson, G. Olsson, M. Polak, A. Palmatier, M. Augsburger, and G. W. Thompson.

Recommended for permanent membership, Drs. S. A. Hardy, J. H. Bell, T. D. Adlerman and W. D. Shafer.

Dues to State Society paid.

Eclectic Medical College Delegates: Drs. A. F. Frech

and D. A. Casella. Alternates: G. W. Boskowitz and G. W. Thompson.

On motion, the report of the Board of Censors was received and approved, the delegates named were admitted, and the following were elected permanent members of this society.

Dr. G. P. Carman,	Dr. Chas. J. Bennett,
" H. B. Smith,	" E. V. Wright,
" D. M. Marshall,	" M. F. Stryker,
" D. E. Ensign,	" S. A. Purdy,
" G. W. Manwaren,	" G. Pfingsteen,
" L. D. Greenleaf,	" S. A. Hardy,
" I. A. McClellan,	" J. H. Bell,
" H. A. Hayes,	" T. D. Adlerman,
" Elmore Palmer,	" W. D. Shafer.

At the request of Dr. Hinds, Dr. Boskowitz reported for the Eclectic Medical College of the City of New York, presenting as his report the official minutes of the Board of Regents. Dr. Conrad rose to a point of order, that verbal report was to be made and nothing more. The President declared the point well taken. Dr. Boskowitz then proceeded to speak of the College, and read extracts from the official minutes of the Board of Regents.

Motion was then made to spread upon the minutes Dr. Boskowitz's report and the minutes of the Board of Regents Carried.

[COPY.]

ESTABLISHED 1874.

UNIVERSITY OF THE STATE OF NEW YORK

DEPARTMENTS

EXECUTIVE, GEORGE WILLIAM CURTIS Chancellor.
EXAMINATIONS, ANSON J. UPSON, Vice-Chancellor.
STATE LIBRARY, MELVIL DEWEY, Secretary and Director of State Library.
STATE MUSEUM, ALBERT B. WATKINS, Assistant Secretary.

Regents' Office, Albany, N. Y., 4 January, 1893.

Dean New York Eclectic Medical College:

Dear Sir,—At a legal meeting of the Regents of the University of the State of New York, held at their office in the Capitol, at Albany, December 14, 1892, *the following action was taken.*

EXTRACTS FROM THE OFFICIAL MINUTES.

New York Eclectic Medical College. The committee submitted the following report of Director Parsons:

March 31, 1892, the State Eclectic Medical Society passed the following resolutions:

"*Whereas*, Certain students of the Eclectic Medical college of the city of New York have accused the faculty of unjustly refusing to grant them diplomas because they refused to pay certain private fees; and,

"*Whereas*, The same students assert that regular lectures are not given as announced; and,

"*Whereas*, It is further asserted that the trustees have no regular meetings and do not transact the business of the college as required by law; and,

"*Whereas*, Two or more suits are now pending against the college or its officers for violation of the charter or legal obligations; and,

"*Whereas*, Such accusation, assertions and legal actions are calculated to injure the good name and standing of the college and the entire eclectic profession; therefore,

"*Resolved*, That for the purpose of refuting these accusations if false, or correcting them if true, we ask the board of regents to investigate the accusations.

"*Resolved*, That should the regents find that the affairs of the college have been mismanaged, they be requested to exercise the right accorded to them by law and remove such trustees from office."

As requested in these resolutions, Director Parsons inspected the college and investigated the charges against its officers. As compared with richly endowed medical schools the facilities for instruction are inadequate; nevertheless the trustees and faculty are apparently doing their utmost to elevate the standard of the college, which under former management failed to gain the confidence and support of the eclectic profession.

An examination of the by-laws of the college and of the minutes of the meetings of the trustees, submitted with this report, show that regular and special meetings have been held as required by law. There have been, according to the minutes, nine regular and twenty special meetings since 1884; but the annual meeting has not always been held during this period on the third Wednesday in May of each year as provided in the seventh article of the by-laws. At a joint meeting of the trustees and faculty, called Dec. 5, 1892, to meet Director Parsons for the purpose

of discussing the resolutions referred to above fifteen members of the faculty and nine members of the board of trustees were present.

The schedule of lectures and clinics for the past three years calls for an unusual amount of work. As is too often the case in similar institutions, the records fail to establish the number of exercises actually held. Dean Boskowitz admits that nearly all members of the faculty are physicians in actual practice and that they are compelled to miss a lecture occasionally. He presents an affidavit that such lectures are always made up to the class, and binds himself in future to keep an accurate record of the lectures given and of the attendance on these lectures.

Two suits are now pending against the college. One of these suits was brought some years ago in the Superior Court of New York City for refusal to graduate a student who, as Dean Boskowitz claims, was a practicing astrologer under the assumed name of Prof. Alfred Lord. The second suit was brought in the U. S. Circuit Court for refusal to indorse a diploma from the Medical and Surgical College of New Jersey, a disreputable institution whose diplomas have been refused registration in New Jersey, and whose charter was repealed by New Jersey laws of 1891, ch. 67.

The New York papers, in March, 1892, took up the case of one Max Landesman who failed to pass the examinations for graduation. Said Landesman has since failed both before the New Jersey and New York examining boards.

Director Parsons was informed that of the twenty-two members of the last graduating class, four were dropped, five failed to pass, and thirteen received diplomas. The college certainly deserves credit for its refusal to grant diplomas to unworthy candidates and should receive the support of the eclectic profession in its endeavors to elevate its standard.

Voted, That in view of the report from Director Parsons of the results of his investigation into the charges against this institution, we find nothing that requires action by this board.

A true record.

MELVIL DEWEY, *Secretary.*

Dr. Gunn entered a protest against the mention of the New Jersey College, made by the Board of Regents, which he characterized as vituperation of that College. The protest was ordered to be noted.

The following were appointed on the Nominating Committee:

Dr. D. A. Chase,	Albany County Society
" J. L. Watson,	Brooklyn Academy of Medicine
" J. E. Salisbury,	Central New York Society
" T. D. Adlerman,	New York City and County Society
" R. Hamilton,	Saratoga County Society
" F. A. Carpenter,	Sullivan County Society
" F. M. Hayes,	Western New York Society
" T. Conrad,	West Side Society
" Chas W. Brandenburg,	Eclectic Medical College
" F. C. Maxon,	Hudson River District Society

Dr. Tiel then gave a short history of the Hudson River District Society, stating that through death and removals the Society had been reduced to four members.

Recess taken until 2 P. M.

AFTERNOON SESSION.

Meeting called to order at 2 P. M. by President Downey.

Dr. Wilder offered the following resolution:

Resolved, That the Eclectic Medical Society of the State of New York, in Annual Session in the city of Albany, sends greeting to the Veteran Professor John King; that the members testify their sympathy for his suffering, their high appreciation of what is due to his services as a pioneer and instructor, and their cordial wishes for his welfare; that they remember his labors, his discoveries and his numerous publications, which have made the Eclectic Pharmacy and the Eclectic Practice of Medicine scientific and influential in the civilized world.

Carried.

The following papers were read and discussed:

W. R. Hayden, M. D.—The Art of Healing *versus* the Art of Drugging.

H. C. Gazlay, M. D.—A Case in Practice.

J. B. Conklin, M. D.—Practice.

G. W. King, M. D.—Who is a Quack?

A. E. Park, M. D.—Bicarbonate of Soda and its Therapeutical Uses, read by the Secretary.

E. M. Manwaren, M. D.—Diabetis Mellitis.

The following papers were read by title:

Chas A. Janes, M. D.—Electricity and Massage Healing by Professional Method.

D. Newell Waterbury, M. D.—Headaches and their Treatment.

E. M. Manwaren, M. D.—Asthma, its Pathology and Treatment.

T. Cleland, M. D.—Diabetis Mellitis.

Alex. Wilder, M. D.—Practice.

L. H. Smith, M. D.—Appendicitis and its Treatment.

F. A. W. Rivet, M. D.

R. A. Gunn, M. D.—Evolution of Antiseptic Surgery.

R. Liston, M. D., reported two interesting cases, as also did Dr. Bonesteele.

A recess was then taken until 8 P. M.

EVENING SESSION.

The Society was called to order at 8 P. M. by President Downey.

Dr. R. A. Gunn read a paper on the Wonders of Vision.

Dr. E. B. Foote followed with some remarks and the description of an eye sharpener.

Motion was then made that a vote of thanks be extended to Dr. Gunn.

Carried.

Adjourned until 10 A. M., March 30th, 1893.

SECOND DAY.

FINAL SESSION.

The Society was called to order at 10 A. M. March 30th, 1893, by President Downey.

On roll call the following permanent members and delegates responded to their names.

PERMANENT MEMBERS.

Dr. B. D. Baker,
" G. W. Boskowitz,
" A. E. Broga,
" A. E. Bonesteele,
" D. A. Casella,
" J. M. Carey,
Dr. R. Liston,
" P. Low,
" J. L. Lynch,
" E. M. Manwaren,
" F. C. Maxon,
" E. S. Moore,

Dr, D. A. Chase,
" T. Cleland,
" C. Collin,
" J. B. Conklin,
" T. Conrad,
" Thos. B. Carpenter,
" L. Cherurg,
" A. D. Latour,
" E. L. Downey,
" J. H. Dye,
" F. A. Davis,
" E. B. Foote,
" L. O. Goetchius,
" Thos. Grant,
" R. A. Gunn,
" H. A. Gazlay,
" R. Hamilton,
" D. H. Hanks,
" G. O. Heffter,
" H. C. Hinds,
" L. E. Horton,
" O. A. Hyde,
" S. Jagers,
" G. W. King,
" W. J. Krausi,
" R. Kunitzer,
Dr. J. F. McCann,
" W. W. Nims.
" J. P. Nolan,
" G. W. Nyce,
" L. J. Phelps,
" R. V. Pierce,
" T. W. Pomroy,
" G. E. Potter,
" O. A. Perine,
" V. M. Pierce,
" T. W. Quackenbush,
" G. A. Reinhardt,
" F. A. W. Rivet,
" J. E. Salisbury,
" L. H. Smith,
" O. W. Sutton,
" W. A. Sackett,
" G. W. Thompson,
" A. R. Tiel,
" A. W. Tompkins,
" W. L. Tuttle,
" H. E. Waite,
" A. B. Whitney,
" Alex. Wilder,
" Jas. L. Watson,

Total, 63.

DELEGATES.

Dr. Chas. J. Bennett,
" S. H. Warren,
" J. A. McClellan,
" H. A. Hayes,
" Geo. S. Hobbie,
" Chas. W. Brandenburg,
" M. Grant,
Dr. W. Shafer,
" J. H. Yarnall,
" T. Sargood,
" G. W. Manwaren,
" D. E. Ensign,
" E. V. Wright,
" L. M. Wright,

Dr, Fred. A. Carpenter,
" A. F. Frech,
" S. A. Hardy,
" T. D. Adlerman,
" J. H. Bell,
" L. Randell,
Dr. S. A. Purdy,
" R. W. Padgham,
" H. B. Smith,
" M. Krimke,
" S. Goldberg,

Total, 25.

The Chairman of the Nominating Committee, Dr. J. E. Salisbury, reported that the committee were unable to agree on the nominations.

The President called for nominations for President, and Drs. G. W. King and A. R. Tiel were nominated.

Drs. Brandenburg and Conrad were appointed tellers.

On the first ballot 86 votes were cast, of which Dr. King received 43 votes and Dr. Tiel 43 votes. There being no election a second ballot was ordered, which resulted as follows:

Whole number of votes cast 86, of which Dr. King received 43 votes, and Dr. Tiel 43 votes. There being no election a third ballot was ordered, which resulted as follows:

Whole number of votes cast 87, of which Dr. King received 44 votes, and Dr. Tiel 43 votes.

Dr. King receiving a majority of the votes cast was declared elected.

Dr. Tiel then moved to make the election unanimous, which was objected to by Drs. Cleland and Conrad. After some discussion a vote of confidence in Dr. King was moved, which was unanimously carried.

The election of Vice-President being in order, Drs. James L. Watson and J. E. Salisbury were nominated.

A ballot was ordered, which resulted as follows:

Whole number of votes cast 86, of which Dr. Watson received 45 votes and Dr. Salisbury 41 votes.

Dr. Watson receiving a majority of the votes cast was declared elected.

Motion made to make the nomination unanimous.

Carried.

Dr. Gunn moved to adjourn until 2 P. M.

Lost.

The election of Recording Secretary being in order, Drs. Thomas Cleland and Samuel A. Hardy were nominated.

A ballot was ordered, which resulted as follows:

Whole number of votes cast 86, of which Dr. Cleland received 41 votes and Dr. Hardy 45 votes.

Dr. Hardy receiving a majority of the votes cast was declared elected.

Dr. E. B. Foote, Sr., was unanimously elected Corresponding Secretary.

The election of Treasurer being in order, Dr. Lee H. Smith and C. Collin were nominated. A ballot was ordered, which resulted as follows:

Whole number of votes cast 83, of which Dr. Smith received 43 votes and Dr. Collin 40 votes.

Dr. Smith receiving a majority of the votes cast was declared elected.

Dr. Foote cast the ballot for the Board of Censors, and the following were declared unanimously elected.

1st District, T. W. Pomeroy, M. D. N. Y. City.
2nd " F. C. Maxon, M. D., Chatham.
3rd " F. A. Carpenter, M. D., Middletown.
4th " Thos. Grant, M. D., Liberty.
5th " W. W. Nims, M. D., Syracuse.
6th " D. E. Ensign, M. D., McGrawville.
7th " L. E. Horton, M. D., Avoca.
8th " G. A. Reinhardt, M. D., Buffalo.
College, G. W. Boskowitz, M. D., N. Y. City.

Dr. E. S. Moore cast the ballot for State Medical Examiners, resulting in the following choice: Drs. A. F. Frech, E. M. Manwaren, R. Hamilton and J. P. Nolan.

The tellers were then discharged with thanks of the Society.

On motion, the officers were declared formally installed.

Dr. Wright moved that a committee be appointed to prepare a paper on the Human Temperaments.

Dr. Boskowitz moved that Dr. Wright be appointed a committee of one, with power to appoint two others to act with him.

Carried.

The following committees were appointed.

LEGISLATIVE COMMITTEE.

Robert Liston, M. D., - -	Albany,
Lee H. Smith, M. D., - - -	Buffalo,
M. M. Fenner, M. D., - -	Fredonia.

ADVISORY COMMITTEE.

Alex. Wilder, M. D., -	Newark, N. J.
G. W. Thompson, M. D , -	New York City,
O. W. Sutton, M. D., - -	Bath, N. Y.

After tendering a vote of thanks to the Railroad Companies and various exhibitors, the Society adjourned to meet at Albany, March 28th and 29th, 1894.

SAMUEL A. HARDY, M. D.,
Secretary.

Approved.
G. W. KING, M. D.,
President.

Secretary's report.—No report furnished.

Treasurer's report.—No report furnished.

RECORDING SECRETARY'S SUPPLEMENTAL STATEMENT.

To the Members of the Society:

The publication of the foregoing minutes has been delayed, because of the non-delivery to me of the books and papers of the Society, by my predecessor in the office of

Recording Secretary. His repeated failures to keep promises made, and his final refusal to give up the books and papers, compelled me at last to institute mandamus proceedings.

The circumstances which constituted the grounds of the proceedings are fully set fourth out of the affidavits of complaint, which were as follows:

SUPREME COURT. CITY AND COUNTY OF NEW YORK.

THE PEOPLE OF THE STATE OF NEW YORK,
ON THE RELATION OF SAMUEL A. HARDY,
against,
THOMAS CLELAND.

City and County of New York. ss:

SAMUEL A. HARDY, the relator above named, being duly sworn, says:

1. I am a physician and surgeon, graduated as such at the Eclectic Medical College of the City of New York in 1888, duly registered as such in the County of New York, and practicing as such in the City of New York, pursuant to the Laws of this State.

2. The Eclectic Medical Society of the State of New York is a corporation duly incorporated pursuant to an act of the Legislature of the State of New York, entitled: "An act for the Incorporation of the Eclectic Medical Society of the State of New York, and auxiliary local Eclectic Medical Associations," passed April 24th, 1865, which said act in Section II. thereof contains the following:

"The said Society shall hereafter be composed of members duly chosen as its By-Laws shall direct, and at its annual meetings the members in attendance, not less than fifteen in number may elect a President and such other officers as may be deemed proper, who shall hold their offices for one year, and till others shall be chosen in their places."

And which said act in Section III. thereof contains as follows:

"The Recording Secretary shall * * * * also provide a book in which he shall record all the resolutions and proceedings which may be had from time to time, also the name of every member of the Society, his residence and the

time of his admission into the Society, and also the annual and other reports relative to the condition of the Treasury, and all such other matters as the majority of the Society shall deem proper. It shall be lawful for any member of the Society, at all times, to have recourse to this book, and it shall be delivered, together with all books, papers and records which may be in hands of the Secretary and the property of the Society, to his successor in office."

And which said act in Section IV. thereof contains as follows:

"It shall be lawful for physicians who subscribe to the constitution of the Eclectic Medical Society of the State of New York, to meet together in each of the Counties of the State, or in other localities to be specified in their call for such assemblage, and organize medical societies for the county, district or locality in which they reside, subject to the approval and sanction of the aforesaid State Society."

3. The said corporation, The Eclectic Medical Society of the State of New York, has certain By-Laws, wherein Article I. thereof contains as follows:

"The officers of this Society shall be a President, Vice-President, Recording Secretary, Corresponding Secretary and Treasurer."

And in Article II. thereof contains as follows:

"The Recording Secretary shall perform all acts required by the third section of the act of incorporation."

And in Article III. thereof contains as follows:

"The Society shall consist of the permanent members whose names are now lawfully upon the roll, and who subscribe to the platform and declaration, and of delegates duly appointed by auxiliary societies which are not in arrears for dues to this Society. New members may be added from time to time, on the nomination of the auxiliary societies to which they respectively belong."

And in Article IV thereof contains as follows:

"Auxiliary societies whose purposes are in unison with this Society, may be organized as prescribed in the fourth section of the Charter, subject to the approval and sanction of this Society, or of its Board of Directors, when the Society is not in session. Upon authorization they shall pay the Recording Secretary $5.00 as initiation fee. Every auxiliary society shall be entitled to three delegates annually and to a delegate in addition for every ten members of such Society in good standing, and may, in addition, nominate annually four members, who are or have been delegates to this Society, for permanent members of this Society."

And which said By-Laws in Article I. thereof, also contains as follows:

"All these officers shall be elected at the annual meeting, by ballot, except that mode of choice shall be waived by unanimous consent. A majority of votes shall be necessary for choice on a first ballot, but a plurality shall be sufficient at any ensuing ballot.

4. Pursuant to the provisions aforesaid in Section IV. of

said Act of Incorporation, and in Article IV. of said By-Laws, the Eclectic Medical Society of the City and County of New York is an auxiliary society, duly organized, approved and sanctioned by the Eclectic Medical Society of the State of New York, and its delegates to such State Society have been regularly recognized and accepted by said State Society since the organization of said County Society, and were so recognized, accepted and admitted by said State Society, at its annual meeting held in the City of Albany, March 29th and 30th, 1893, and of which said County Society I am, and have been since December last the President, and was one of the delegates to and admitted by said State Society at its said annual meeting.

5. I am also a permanent member of said State Society, duly nominated by said County Society, and elected, and my said permanent membership duly perfected

6. At the annual meeting of said Eclectic Medical Society of the State of New York held in 1890, Thomas Cleland above named was elected its Recording Secretary, to which office he was re-elected by said State Society at its annual meetings held in 1891 and 1892, and as such Recording Secretary he received from his predecessor the book of records of resolutions and proceedings of State Society, provided for by Section III. of said act of Incorporation, which, together with all books, papers and records the property of the Society appertaining to his office, were in his hands at said annual meeting held in March last, and are now in his hands as hereinafter stated, all of which I state on information and belief, the source of my information and the grounds of my belief being the admission by said Thomas Cleland to me of the facts as stated.

7. At the annual meeting of said Eclectic Medical Society of the State of New York, above mentioned, held March 29th and 30th, 1893, officers were elected pursuant to the provisions of Article I. of said By-Laws, at which elec-

tion of officers a quorum exceeding fifteen members, to wit about eighty-five members being present, I was duly elected Recording Secretary by a majority of votes by ballot, and on the first ballot for that office, and at said annual session I was installed into said office of Recording Secretary, succeeding said Thomas Cleland therein.

8. Since said annual meeting I have repeatedly demanded from said Thomas Cleland, and he has at times promised to deliver to me, said book of records of resolutions and proceedings of said State Society, and all books, papers and records which were and had been in his hands as Secretary, and the property of the Society; but the same said Thomas Cleland has not delivered, but on the contrary now refuses to deliver, as hereinafter more fully appears.

9. After the repeated demands and the occasional promises above mentioned, and the failure of said Thomas Cleland to keep said promises, I wrote to him under date of 18th inst. demanding delivery of said books, papers and records within the then week, to which letter on the 24th inst. I received his answer, bearing date 23rd inst. wherein there was implied promise at some future uncertain date to so deliver the same. Thereupon and on 25th inst. at about 5 o'clock P. M. I called at the office and place of residence of said Thomas Cleland, No. 252 West 52nd Street, New York City, in company with my counsel, W. R. Spooner, and called for said Thomas Cleland, but was informed by the maid who attended the door that he was at New Rochelle, and would be in about nine or half-past nine o'clock that evening; whereupon in company with my said counsel, I again called at half-past nine that evening, and was informed by said maid that he had not yet come in but was expected soon, and I left word that I would call about ten o'clock. In company with my counsel, about ten o'clock that evening I again called, and on our way there, at the corner of Broadway and 52nd Street, we saw said Thomas Cleland leave the

street car and proceed to his house, but on our arrival at the house said maid, answering to the bell, again reported that he was not in, when we left word that we would call again, which we did about half-past ten o'clock that evening and received the same word from said maid, to which we replied that we were doubtful about calling again until the next day. A half-hour later we returned to said house and said Thomas Cleland himself answered the bell and in reply to our inquiries admitted that he had been there during the hour previous, when his maid had twice denied his presence in the house. Thereupon I, by my said counsel, demanded immediate delivery of said books, papers and records, which said Thomas Cleland at first said he would deliver when he got good and ready, subsequently suggesting that they were too numerous and cumbersome for us to take away with us, and my counsel replying that we would attend to their transportation, and that it was his, Cleland's duty to immediately deliver. Said Thomas Cleland thereupon positively refused and declined to deliver the same.

10. I am, as above stated, the Recording Secretary of the Eclectic Medical Society of the State of New York, and as such am entitled under said Act of Incorporation and the By-Laws of said Society, to the immediate delivery and custody of the book of record of resolutions and proceedings of said Society, together with all books, papers and records, the property of the Society, which were at any time in the hands of said Thomas Cleland as such Secretary, and all which said Thomas Cleland unlawfully and unjustly refuses to deliver to and witholds from me and retains in his custody.

11. In his said letter of date 23rd inst. said Thomas Cleland threatens to print and mail to members the proceedings of said annual session held last March, and in the interview with him last evening above recited, he openly threatened to do additional writing or work upon or in said books or papers, and which threat he will be enabled to fulfill, un-

lawful though the threatened action be, if ordinary notice of motion for a peremptory mandamus in the first instance be given, to wit, eight days notice of motion, and the threatened action fulfilled would be irremediable, injurious to said Society and in derogation of my rights and duties as such Recording Secretary.

THEREFORE, I desire that the time may be shortened by order to show cause returnable to-morrow, for which order to show cause, hereto annexed, no previous application has been made to any court or judge.

Sworn to before me this 26th day of July, 1893. } SAMUEL A. HARDY.

CHARLES W. SPOONER,
Notary Public,
N. Y. Co.

City and County of New York, ss.

WILLIAM R. SPOONER, being duly sworn, says, that he is the attorney and counsel for Samuel A. Hardy, the relator above named, that he has read the foregoing affidavit of said relator, and that the same in the portions thereof in paragraphs IX. and XI. in so far as the same relates to calls at 252 West 52nd Street, N. Y. City, on the afternoon and evening of 25 inst., and to what then occurred and to what was then said and threatened, the same is true.

Sworn to before me this 26th day of July, 1893. } W. R. SPOONER.

CHARLES W. SPOONER,
Notary Public,
N. Y. Co.

These affidavits, with the following order to show cause granted thereon by Justice O'Brien of the Supreme Court, were served on Dr. Cleland:

SUPREME COURT, CITY AND COUNTY OF NEW YORK.

THE PEOPLE OF THE STATE OF NEW YORK,
ON THE RELATION OF SAMUEL A. HARDY,
against
THOMAS CLELAND.

City and County of New York. ss.:

On the annexed affidavits, verified respectively by Samuel A. Hardy and William R. Spooner, this day, and on the matters therein recited, and on motion of W. R. Spooner, attorney for the relator Samuel A. Hardy, it is

ORDERED that the respondent above named, Thomas Cleland, show cause before,me a Justice of the Supreme Court, at a Special Term of the Court, to be held at Chambers thereof, at the County Court House in the City of New York, on the 28th day of July, 1893, at eleven o'clock in the forenoon of that day, or as soon thereafter as counsel can be heard, why a peremptory mandamus should not be issued in the first instance against him, said Thomas Cleland, requiring and commanding him to deliver to said relator, Samuel A. Hardy, the Recording Secretary of the Eclectic Medical Society of the State of New York, the book of record of resolutions and proceedings of said society, together with all books, papers and records, the property of the society, which were in the hands of said Thomas Cleland at any time during his incumbency of said office of Recording Secretary of said society, and also to put said Samuel A. Hardy in full and immediate possession of each and all said books, papers and records as such Recording Secretary, and why the relator, Samuel A. Hardy, should not have such other or further relief, or both in the premises, as to the Court may seem just, and

ORDERED, that this order be served on said Thomas Cleland by delivering to him a copy thereof and of annexed

affidavits and showing to him the original, and that such service made on or before July 26th, 1893 be sufficient.

Dated New York City, July 26, 1893.

M. J. O'BRIEN,
J. S. C.

Dr. Cleland appeared by counsel on the return of the order to show cause, fiied certain affidavits controverting no essential allegation of the complaint, and asked for opportunity to deliver the books and papers pending the proeeeding, for which purpose the proceeding was adjourned. Buring the adjournment, certain books and papers were delivered by Dr. Cleland, but among them there was no other book or statement of the accounts kept by him during his three years incumbency of the office. Sundry other papers and documents which should have been in his official custody were also missing, and I controverted his claim made to the Court that he had made full delivery, whereupon judgment was given in the proceedings as follows:

At a Special Term of the Supreme Court, held in and for the County of New York, at the County Court House in New York City this first day of August, 1893.

Present:

HON. MORGAN J. O'BRIEN,
Justice.

SUPREME COURT, CITY AND COUNTY OF NEW YORK.

THE PEOPLE OF THE STATE OF NEW YORK,
ON THE RELATION OF SAMUEL A. HARDY.
against
THOMAS CLELAND.

City and County of New York. ss.:

On reading and filing the affidavits of Samuel A. Hardy and W. R. Spooner, verified July 26th, 1893, setting forth Relator's complaint, the order granted thereon July 26th,

1893, by Hon. Justice O'Brien, requiring respondent to show cause &c., as therein directed, why peremptory mandamus should not be issued in the first instance, &c., as therein set forth, the answering affidavit of Thomas Cleland and his subsequent affidavit wherein he alleges that pending this proceeding he has made full delivery of all books, papers and records of the Eclectic Medical Society of the State of New York, which were in his posession, and the further affidavit of Samuel A. Hardy, and the affidavits of Doctors Boskowitz, Bell and Thompson, and after hearing W. R. Spooner, of Counsel for relator in support of the relator's motion, and John R. Tressidder, Esq., of counsel for respondent opposed thereto, now on motion of W. R. Spooner, attorney for relator, it is

ORDERED AND ADJUDGED, that relator's complaint is true, and that the relator, Samuel A. Hardy, the Recording Secretary of the Eclectic Medical Society of the State of New York, is entitled to the delivery by said Thomas Cleland of all books, papers and records, the property of the society, which were in the hands of said Thomas Cleland at any time during his incumbency of said office of Recording Secretary of said society, including as well all memoranda, data, accounts, account books, and reports at any time made by or filed with, or held by said Thomas Cleland as such Secretary.

AND

It appearing as above stated that the respondent, said Thomas Cleland, alleges and claims that pending this proceeding he has made full delivery to said relator of all such books, papers and records, which allegation and claim are controverted by the affidavits read and filed herein in relator's behalf; it is

FURTHER ORDERED, that said Thomas Cleland, the respondent herein, personally appear and attend before me, a Justice of this Court, at Chambers of this Court, at the

County Court House in the City of New York, on the ninth day of August, 1893, at half-past ten o'clock in the forenoon, and then and there be examined and testify under oath, upon the subject of and concerning all papers, books and records which were at any time in his possession during his incumbency of the office of Recording Secretary of the Eclectic Medical Society of the State of New York, and as to his disposition thereof, and of each and all thereof, and that he obey the further order or direction of the Court, which may then or thereafter be lawfully given in the premises; and

ORDERED, that service of a certified copy of this order personally delived to said Thomas Cleland be sufficient, and

ORDERED, that relator have leave upon such further proceedings, to apply to the Court for such other or further order, judgment or relief as he may be advised.

SEAL.

A copy.
Signed HENRY D. PURROY,
Clerk.

Pursuant to the order and directions contained in the judgment, Dr. Cleland was required to attend in Court and submit to examination under oath on the matters in issue. His testimony then given was as follows:

SUPREME COURT, CITY AND COUNTY OF NEW YORK.

THE PEOPLE OF THE STATE OF NEW YORK,
ON THE RELATION OF SAMUEL A. HARDY,
against
THOS. CLELAND.

Examination of respondent, pursuant to judgment and order entered herein August first, 1893. The respondent Thomas Cleland appearing before Hon. Morgan J. O'Brien, Justice at Supreme Court Chambers, at the County Court House in the City of New York, at half-past ten o'clock in

the forenoon, this ninth day of August, 1893, and being by the Court duly sworn, testified as follows:

I was Secretary of the Eclectic Medical Society of the State of New York, from my election and qualification at the session in March, 1890, until the election and qualification of my successor at the session in March, 1893. As such Secretary I received the fees and dues payable by members and by auxiliary societies during that period, and an account thereof was kept in the minutes, that is in the printed minutes as published, of each annual session. Those minutes were prepared after each session from memoranda which I made of the proceedings of the session. The only memoranda from which the account in each year's printed minutes of the preceding year's receipts was made by me, were the reports made by the several societies, and the signatures in the constitution book. The average yearly receipts ranged from three to four hundred dollars, and of these receipts I never kept any account or book. This account that I have testified to as made by me, was a report made by me at each session, and prepared before the session, with the exception of the session held March, 1893, when no report of the finances or receipts for the preceding year was rendered. The report was not rendered at that session because the session closed prematurely, when there was considerable confusion on the floor, and the report was not called for. That is the sole reason why the report was not rendered, to wit: that it was not called for. I could have rendered the report in ten minutes by looking over the papers and adding up the amounts. I do not know what my receipts as Secretary were from the session held in March, 1892, to including the session held in March, 1893. I can state approximately that they were probably not more than three hundred ($300.00) dollars. Those receipts were by me paid over to the Treasurer some time in July, 1893, about the 20th of July, may be a few days later. I do not now remember the exact sum I turned over to the Treasurer at that time. The amount was

remitted to the Treasurer, not delivered in person. The remittance was made in the shape of a New York draft, obtained by myself from the West Side Bank, and drawn on that bank.

It was my individual check on the West Side Bank—not a draft. There were also some vouchers for payments which I had made by instruction of the Society, which vouchers, with that check, made up the aggregate of my receipts for the year in question. There was a voucher for $18.50 and another for $3.50, both for typewriting. I don't remember any other vouchers. There were others. I don't remember how many. There were vouchers for my personal expenses and for printing. I don't remember anything else. There was no special action of instruction, only custom. None of the bills for which these vouchers were made were presented at the Session held in March, 1893, or allowed at that time by any action had, or audited in any way. The Treasurer has not yet acknowledged the receipt of that remittance—that is, I have received no acknowledgement. The Committee on Credentials made no written report at the Session held last March. They reported verbally that the delegates named in the reports of Auxiliary Societies were entitled to seats. There was no report of the Treasurer made at that Session, and none handed to me afterwards. My accounts for the last year of my incumbency of the office of Secretary were not audited in any way, and they never have been audited since I became Secretary, except as they may have been audited by approval of the printed minutes containing the account. I may have kept a slip simply as a tally memoranda of my receipts whenever moneys paid to me were entered as they were paid, but that slip was destroyed after each session. I don't think I kept any such slip last year; if I did, it was destroyed immediately after the session. I had no stenographer to assist me at the session held last March, but I employed a stenographer evenings in the interim between the Annual Sessions of 1892 and 1893, for the purpose of getting

out the minutes of 1892, and attending to necessary correspondence. There was no stenographer acting at the session held last March. I kept no copy whatever of letters written by me as secretary.

Sworn to before me this 9th day of Aug., 1893. } THOMAS CLELAND, M. D.

M. J. O'BRIEN, J. S. C.

The facts are sufficiently set forth in the foregoing papers. Comment on my part is unnecessary. The members of the Society can form their own conclusions thereon.

Respectfully submitted,

SAMUEL A. HARDY, M. D.

Recording Secretary.

Minutes of the Thirty-fourth Annual Meeting of the Eclectic Medical Society of the State of New York.

FIRST DAY.

MORNING SESSION.

ALBANY, N. Y., March 28 and 29, 1894.

The Society met in Geological Hall, Albany, N. Y., and was called to order at 10 A. M. by the President, G. W. King, M. D., of King's Station. Dr. L. O. Goetchius, Secretary. Prayer was offered by Rev. Addis Albro, D. D.

The following members responded to the roll call:

Dr. G. W. Boskowitz,	Dr. W. R. Hayden,
" H. S. Blackfan,	" L. E. Horton,
" W. H. Bowlsby,	" F. M. Hayes,
" D. A. Casella,	" S. A. Hardy,
" J. Chase,	" G. W. King
" D. A. Chase,	" Robert Kunitzer,
" T. Cleland,	" F. H. Lawrence,
" T. Conrad,	" Robert Liston,
" C. Collin,	" Phœbe Low,
" Leon Cherburg,	" Jennie L. Lynch,
" E. Denny,	" J. F. McCann,
" Auria J. Deering,	" M. H. Nichols,
" D. E. Ensign,	" G. W. Nyce,
" E. B. Foote, Sr.,	" T. W. Pomroy,
" A. Fox,	" O. A. Perine,
" G. Garland,	" R. W. Padgham,
" L. O. Goetchius,	" F. A. W. Rivet,
" H. L. Grose,	" O. W. Sutton,
" R. A. Gunn,	" G. W. Thompson,
" H. C. Gazlay,	" A. R. Tiel,
" R. Hamilton,	" I. J. Whitney,
" W. H. Hawley,	" Jennie V. S. Wilcox,
" Geo. E. Whipple,	" Jas. L. Watson,

Total, 46.

The Secretary announced that a quorum was present, and the meeting was declared open for the transaction of business.

President King then delivered his annual address—subject: "Things not Medical."

After the reading of the President's address, there was some discussion. Drs. Gunn and Cleland objecting to that part referring to them.

The President declared them both out of order.

Dr. Gunn then arose to a question of privilege and on motion, he was granted the privilege of the floor.

After Dr. Gunn had been heard on his question of privilege, motions and counter-motions were made in quick succession and all were ruled out of order, when recess was taken until 2 P. M.

AFTERNOON SESSION.

Meeting called to order at 2 P. M., by the President. Dr. L. O. Goetchius, Secretary.

Vacancies appearing on the Board of Censors, the following appointments were made:

3d District, Dr. Phœbe Low, in place of Dr. F. A. Carpenter; 4th District, Dr. R. Liston, in place of Dr. Thos. Grant; 5th District, Dr. O. W. Sutton, in place of Dr. W. W. Nims.

The Board of Censors then stood as follows:

1st District, T. W. Pomroy, M. D., New York City.
2d " F. C. Maxon, M. D., Chatham,
3d " Phœbe Low, M. D., Liberty.
4th " R. Liston, M. D., Albany.
5th " O. W. Sutton, M. D., Bath.
6th " D. E. Ensign, M. D., McGrawville.
7th " L. E. Horton, M. D., Avoca.
8th " G. A. Reinhardt, M. D., Buffalo.
College, G. W. Boskowitz, M. D., New York City.

The credentials of the various Auxiliary Societies were then handed to the Board of Censors.

During the absence of the Board of Censors, the President called for verbal reports from the societies. The reports were most encouraging, showing an increase in many of the societies and good attendance at the meetings, and many valuable essays presented.

The Board of Censors reported as follows:

The Albany County Society Reported:

Total Membership last report,..... 8 Suspension for arrears,..... 2
Membership in good standing,..... 6 No delegate named.
Dues to State Society paid.

Black River District Society—No report.

Broom County Society—No report.

The Brooklyn Academy of Medicine reported:

Total membership last report, ... 4 Membership in good standing..... 4
Dues to State Society paid.

Delegates: Drs. G. P. Carmen and H. B. Smith. Recommended for permanent membership: Drs. G. P. Carmen and H. B. Smith.

The Central New York Society reported:

Total Membership last report,.....24 Total membership, good standing, 23
Deceased, ... 1 Dues to State Society paid.

Delegates: Drs. E. M. Manwarren, D. M. Marshall, H. E. Broga, J. H. Robinson and G. W. Manwarren. Alternates: Dr. C. T. Greenleaf, K. T. Broga, W. W. Nims, D. E. Ensign and J. E, Salisbury. Recommended for reinstatement in State Society, Dr. T. C. Greenleaf.

Genesee Valley Society.—No report.

The Eclectic Medical Society of the City and County of New York reports:

Total Membership last report,.....72 New Members, admitted during
Deceased,..... .... 1 the year,.....10
Suspended for arrears,.....10 Membership in good standing,.....71
Dues to State Society paid.

Delegates: Drs. T. D. Adlerman, J. H. Bell, H. Carey, S. Goldberg, H. Herr, J.M. Harding, A. Lamberti, C Motschenbacher, Z. Moskowitz and J. H. Yarnall. Alternates: Drs. M. Abramson, J. Hildebrandt, M. Krimke, L. Randell, M. Rosanky, T. D. Sargood, M. Wolf. Recommended for permanent membership: Drs. Jas. Hervey Bell, Henry Carey, Zoltan Moskowitz and C. Motschenbacher.

The Hudson River District Society reported:

Total Membership last report, ... 4 Membership in good standing,..... 4
Dues to State Society Paid.

The Kings County Medical Society reports:

New members admitted during the year,.....12 Membership in good standing,.....12
Dues to State Society paid.

Delegates: Drs. F. E. Hill, W. Mueller, L. Lanzer and M. A. Carmen. Alternates: Drs. D. N. Brown, J. J. Rivera, A. L. Palmiter and H. E. Hill. Recommended for permanent membership: Drs. F. E. Hill, M. A. Carmen, W. Mueller and L. Lanzer.

The Saratoga District Society reported:

Total Membership last report,.....12
Suspended for arrears,..... 1
Membership in good standing,.....12
New Members admitted during the year..... 1
Dues to State Society paid.

Delegate: Dr. Ramon Arnao. Recommended for permanent membership: Dr. Ramon Arnao.

The Southern Tier Medical Society reports:

Total Membership last report,..... 6
Membership in good standing,..... 9
New Members admitted during the year,..... 3
Dues to State Society paid.

Delegate: Dr. Ellsworth Gamble.

The Sullivan County Society Reported:

Total Membership last report,.....11
Deceased,..... 1
Membership in good standing.....10
Dues to State Society paid.

Delegates: Drs. Marrietta Grant, F. A. Carpenter and C. W. Brandenburg, Recommended for permanent membership: Drs. M. Grant and C. W. Brandenburg.

West Side Medical Society reported:

Total Membership last report,.....51
Deceased, ... 1
Membership in good standing,.....52
New Members admitted during the year,..... 2
Dues to State Society paid.

Delegates: Drs. J. McCallum, S. A. Purdy, C. Wakefield, G. W. Salter, P. M. Doty, M. F. Stryker, E. D. Burd and E. V. Wright. Alternates: Drs. Belle Corwin, J. W. Egan, L. M. Wright, G. R. Smith, M. N. Block, D. C. Dak and J. H. D Ward. Recommended for permanent membership: Drs. Jame McCallan, G. R. Smith, G. W. Salter and E. D. Burd.

Western New York Society reported:

Total Membership last report,.....53
Suspended for arrears,..... 4
Membership in good standing,.....50
New Members admitted during the year,..... 1
Dues to State Society paid.

Delegates: Drs. S. H. Warren, J. E. Danelson, P. Harold Hayes, G. S.

Hobbie, Geo Jackson, M. Olson, W. A. Sackett and Elmer Palmer. Recommended for permanent membership: Drs. P. Harold Hayes and S. H. Warren.

Eclectic Medical College, New York City:

Delegates; Drs. A. W. Herzog and M. A. Willis. Alternates: Dr. A. F. Frech and W. R. Spooner.

On motion, the report of the Board of Censors was received and approved, its recommendations adopted, the delegates named were admitted and the following were elected to permanent membership in this Society:

Dr. Ramon Arnao,	Dr. L. Lanzer,	Dr. E. D. Burd,
" J. H. Bell,	" C. W. Brandenburg,	" Henry Carey,
" M. A. Carman,	" G. P Carman,	" M. Grant,
" P. Harold Hayes,	" F. E. Hill,	" J. E. McCallum,
" Z. Moskowitz,	" C. Motschenbacker,	" W. Mueller,
" G. W. Salter,	" H. B. Smith,	" G. R. Smith.
	" S. H. Warren.	

Dr. Thompson moved that the minutes of 1893 be approved as printed.

Dr. Cleland spoke at some length in regard to the minutes presenting a printed statement.

The President ruled this out of order.

Dr. Hamilton moved an amendment that all that part of the printed minutes as corrected by Dr. Cleland, to page 22, where signed by Dr. Hardy be adopted.

Dr. Boskowitz moved an amendment to adopt the minutes entire as printed.

Drs. Hamilton and Thompson acceptiug this amendment, the original motion as amended was adopted.

Dr. Boskowitz moved that the supplemental statement of the secretary be accepted.

Dr. Cleland moved to lay the motion on the table, which motion was lost.

Dr. Cleland demanded a roll call, which was taken with the following result:

Yeas. Drs. Conrad, Downey, Deering, Goetchius, Gunn, Hamilton, F. M. Hayes, Liston, N. F. Marsh, Moore, McCann, Nyce, Rheinhardt, Rivet, Rowe, Lee H. Smith, N. E. Wright, G. E. Whipple, L. M. Wright, M. F. Stryker, S. A. Purdy, Wakefield, Salter, Doty, E. D. Burd, E. V. Wright, Warren, Arnao. Total, 28.

Nays: Drs Boskowitz, Bowlsby, Casella, Cleland, Collin, Cherburg, Deering, Ensign, Foote, Fox, Gazlay, Greenleaf, Hawley, Hayden, H. C. Hinds, Horton, Hyde, Hardy, King, Kunitzer, Lawrence, Phoebe Low, Jennie L. Lynch, Maxon, Nichols, Pomroy, Perine, Padgham, Sutton, Thompson, Tiel, I. J. Whitney, Watson, Adlerman, Bell, H. Herr, Yarnell, Krimke, Goldburg, Wolf, Abramson, Lamberti, Randell, Hill, Lanzer, M. A. Carmen, Herzog, M. A. Willis, M. Grant, F. A. Carpenter, Brandenburg, J. E. Danelson and Belle Corwin. Total, 53.

The motion to lay on the table being lost, the original motion was called for and carried.

Dr. Cleland arose to a question of privilege. He criticised the supplemental statement of the secretary and desired to offer a printed answer to the same.

Dr. Hardy then made a detailed statement of the difficulties he had encountered in obtaining the books, papers and records from Dr. Cleland, and the disordered and incomplete condition in which he found the papers from which to prepare the minutes.

Dr. Foote then moved that a vote of thanks be given to Dr. Hardy for getting so good a set of minutes as he has from the material furnished him by the acting secretary.

Motion made to adjourn. Lost.

It was then moved that the secretary write to Justice M. J. O'Brien for a correct copy of the proceedings in the Hardy-Cleland case and that it be included in the minutes. Carried.

Dr. Boskowitz moved that a committee of three be approved to draft resolutions of condolence on the death of the late Dr. John M. Scudder. Unanimously carried by a rising vote.

The President appointed as such committee, Drs. Boskowitz, Moore and Ensign.

Dr. Hamilton moved that Dr. J. E. Danelson be reinstated to membership without paying the membership fee. Carried.

The President then declared Dr. J. E. Danelson reinstated to full membership in the society.

The Recording Secretary wrote to Judge O'Brien for

such copy of the proceedings in the Hardy-Cleland case and received no reply.

Motion made and seconded that a committee be appointed to investigate in regard to the published transactions and Dr. Gunn's disputed bill. Carried.

The following were appointed as such committee:

Drs. Greenleaf, Watson, Hawley, Tiel, Hamilton, Padgham, Brandenburgh, Whitney, Danelson, Wright, Thompson and Perine.

On motion the committee was also made the nominating committee.

Motion made and seconded that the Kings County Eclectic Medical Society be received into this Society. Carried.

Dr. Lee H. Smith, treasurer, then read his report.

TREASURER'S REPORT.

RECEIPTS.

March 31, 1892—From Dr. Phoebe Low, predecessor,	$649 64
March 30, 1893—From Dr. Cleland, secretary,	356 00
March 14, 1894—From Dr. S. A. Hardy, initiation fee of the Kings County Eclectic Medical Society,	5 00
March 15, 1894—Form Dr. L. O. Goetchius, secretary, dues for 1894, of the Southern Tier Society,	9 00
March 22, 1894—From Dr. L. O. Goetchius, secretary, dues for 1894 of the Hudson River District Society,	4 00
Total,	$1,023 64

DISBURSEMENTS.

July 5, 1892—To R. A. Gunn, M. D., for printing transactions,	$400 00
Dec. 13, 1892—To Pursey and Troxell, to printing and Stationery,	11 50
Jan. 31, 1893—For Printing and stationery,	11 10
March 22, 1893— " "	21 35
" 23, 1893—To J. M. Vincent, for engrossing certificates,	3 20
" 28, 1893—To H. E. Cleland, for typewriting,	3 20
" 28, 1893—To K. L. Yound, for typewriting,	18 10
" 28, 1893—Trunk Line Railroad Commutation,	11 00
" 30, 1893—Hall rent,	10 00
" 30, 1893—Janitor,	2 00
" 30, 1893—To T. Cleland, M. D., for postage, news paper wrappers, etc.,	29 70
Telegraphy, Express, Stationery,	5 40
Hotel and traveling expenses,	29 65
Discount,	25
Total,	$556 45
Balance on hand,	$467 19

LEE H. SMITH, Treasurer.

RECEIPTS.—1893.

DUES FROM AUXILIARY SOCIETIES.

Albany County Society,	$ 7 00	Brooklyn Academy of Medicine,	$4 00
Central New York Society,	25 00	Hudson River District Society,	6 00
Saratoga County Society,	12 00	Southern Tier Society,	6 00
Sullivan County Society,	11 00	N. Y. County and City Society,	86 00
Western New York Society,	53 00	West Side Society,	51 00
Total,			$262 00

W. R. Hayden, Membership dues $2 00 Transactions, $2 00

INITIATION FEES.

Dr. Jas. L. Watson,	$10 00	Dr. R. W. Padgham,	$10 00
" Fred A Carpenter,	10 00	" Harold A. Hayes,	10 00
" Duane E. Ensign,	10 00	" H. S. Blackfan,	10 00
" L. D. Greenleaf,	10 00	" J. A. McClellan,	10 00
" S. A. Hardy,	10 00		
Total,			$356 00

The following bills were then presented:

W. R. Spooner, for counsel fees in the mandamus proceedings for obtaining the books, papers, etc., from former secretary, Cleland,		$120 00
Dr. S. A. Hardy, for typewriting,	$ 6 40	
Postage and paper wrappers,	5 80	
Total,		$12 20
Thos. Humphrey, for printing minutes,	65 00	
Stationery,	14 62	
Total		$79 62

Moved and seconded that a committee of five be appointed to audit the treasurer's report and the bills. Carried.

The President appointed as such committee, Dr. Robert Liston, Dr. Phœbe Low, Dr. F. E. Hill, Dr. L. E. Horton, and Dr. Lee H. Smith.

The Society then took a recess until 8 P. M.

EVENING SESSION.

Called to order at 8 P. M., by the President.

Dr. L. O. Goetchius, Secretary.

Dr. Liston, Chairman of the Legislative Committee, reported as follows:

Ladies and gentlemen: It has well been said that "perpetual vigilance is the price of security"—for notwithstanding the positive promise "that, if the medical examiner" law of 1890, was allowed to pass without combatting it, no other medical legislation would be sought. 1894 has witnessed the introduction of several laws that have direct bearing upon the Eclectic Medical profession. The Medical Ex-

aminer's law of 1890, was amended in 1891. The general tenor of the law was good. It seemed to assume equal rights for the three schools. But in practice, the Homœopaths united with the old school in formulating the questions required of candidates, ignoring Eclectics. Still the general effect was good. In 1893, assembly bill 549 was introduced again amending the Medical Examiner law. It extended the time in which a student could matriculate to Nov. 1, 1890. Assembly bill 577 reduced the admission fee for examination by the Regents, from $25.00 to $5.00.

Senate bill 485 amends the law of 1893 and provides for the payment of the examination of students in medicine.

Assembly bill 871 enables physicians and surgeons, long residents and citizens of this state, who have omitted to register their licenses and diplomas, to do so upon payment of $25.00 and exhibition of same to state board of Medical Examiners, who may recommend the Regents to issue, under seal, a certificate, allowing registration in a County Clerk's office. This seems to your chairman of the Legislative Committee a good law, to the passage of which some action of your body might materially aid.

Assembly bill 746—958 is again an amendment of pharmaceutical bills, passed 1884 and 1894, allows practitioners of medicine, who are not the proprietors of retail drug stores to compound and supply medicines, or to supply medicines for their patients.

Assembly bill 29—298 empowers the State Board of Health to destroy animals affected by Tuberculosis. It might be well for physicians to post themselves in regard to parts of this law and be prepared to give advice, when as health officers, they may be called upon for same.

Assembly bill 1007 requires the appointment of Homeopathic physicians to positions in any institution, health department, hospital or asylum, without preference or discrimination, and upon equal conditions as physicians of any other school are appointed, etc. The question might be pertinently asked: "Why no Eclectics?" Why not insist upon their rights?

Assembly bill 575 amends the law of 1893, known as the "Public Health Law." It protects Potable waters. The attention of Eclectic health officers may be called to its provisions.

Your very serious attention is now called to Senate bill 342, an amendment to the extremely severe medical law, passed last winter. As the passage of this amendment means ruin to very many physicians in this state, probably including many Eclectics, I will, if it be the wish of this Society, read this bill.

STATE OF NEW YORK.

No. 342. INT. 320.

IN SENATE,

February 6, 1894.

Introduced by MR. O'CONNOR—read twice, and by unanimous consent ordered printed, and when printed to be committed to committee on public health.

AN ACT.

To amend chapter six hundred and sixty-one of the laws of eighteen hundred and

ninety-three, entitled "An act in relation to the public health, constituting chapter twenty-five of the general laws."

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section one hundred and fifty-three of chapter six hundred and sixty-one of the laws of eighteen hundred and ninety-three, entitled "An act in relation to the public health, constituting chapter twenty-five of the general laws," is amended so as to read as follows:

§ 153. Penalties and their collection.—Every person who shall practice medicine in this state, without lawful registration or in violation of any provision of this article, shall forfeit to the county wherein such person shall so practice or in which any such violation shall be committed, fifty dollars for every such violation, and for every day of such unlawful practice, and any incorporated medical society of the state or any county medical society of such county entitled to representation in a state society may bring an action in the name of such county for the collection of such penalties, and the expense incurred by any such society in such prosecution, including necessary counsel fees, may be retained by such society out of the penalties so collected, and the residue, if any, shall be paid into the county treasury. Any person, who not being then lawfully authorized to practice medicine within this state and so registered according to law shall practice medicine within this state without lawful registration or in violation of any provision of this article shall be deemed guilty of a misdemeanor, and on conviction thereof shall be punished by a fine of not less than fifty dollars for the first offense, and for each subsequent offense by a fine of not less than one hundred dollars, or by imprisonment for not less than one hundred days, or by both fine and imprisonment. When any prosecution under this article is made on the complaint of any incorporated medical society of the state, or any county medical society of such county entitled to representation in a state society, the fine collected shall be paid to the society making the complaint, and the expense incurred by any such society in such prosecution, including necessary counsel fees, may be retained by such society out of the penalties so collected, and the residue, if any, shall be paid into the county treasury. Any person who shall practice medicine under a false or assumed name, or who shall falsely personate another practitioner of a like or different name, shall be guilty of a felony; and any person guilty of violating any of the other provisions of this act, not otherwise specifically punished herein, or who shall buy, sell, or fraudulently obtain any medical diploma, license, record, or registration, or who shall aid or abet such buying, selling or fraudulently obtaining or who shall practice medicine under cover of any medical diploma, license, record, or registration illegally obtained, or signed, or issued unlawfully or under fraudulent representations or mistake of fact in a material regard, or who, after conviction of a felony, shall attempt to practice medicine, or shall so practice, and any person who shall append the letters M. D., to his or her name, or shall assume or advertise the title of doctor in such a manner as to convey the impression that he or she is a legal practitioner of medicine, or any of its branches without having legally received the medical degree, shall be guilty of a misdemeanor and on conviction thereof shall be punished by a fine of not less than two hundred and fifty dollars, or imprisonment for six months for the first offense and on conviction of any subsequent offense, by a fine of not less than five hundred dollars or imprisonment for not less than one year, or by both fine and imprisonment.

§ 2. This act shall take effect immediately.

EXPLANATION.—Matter underscored———is new.

It seemed to me that the passage of this bill would be productive of great in-

justice. It would enable the medical societies to proceed against any one practicing with unlawful diplomas, and there are hundreds of c untry practitioners who technically are practicing with unlawful diplomas—who studied with some preceptor, perhaps practiced for several years then took a winter's course of lectures in some college, were able to pass a satisfactory examination and were granted diplomas. This was a common custom thirty or forty years ago. Now technically the provisions and penalties in Senate bill No. 342, would put such of practitioners in a position to attack and the compound penalties, increasing the penalties for every day of such practice, would bankrupt a millionaire. The medical societies are empowered to blackmail and ruin when they choose to destroy, and any redress was ruin; ruin any way.

On inquiry, I found that Assembly bill 605 was the subject of conversation in physician's offices and drug stores, and that assemblymen and senators had been interviewed. The bill came from the Buffalo Medical College.

Your Chairman of the Legislative Committee immediately communicated with your President, with Dr. Lee H. Smith, Dr. Pierce, Dr. Boskowitz and Dr. Foote; and had a remonstrance laid before our local member of the Committee on Public Health; and several members were at once interviewed. Dr. Foote as corresponding secretary addressed a remonstrance.

About Assembly bill 605. I don't like this bill. Its a sectional jimmie and would be an *ex post facto* law; a law that would enable the Medical Societies to proceed against any practitioner having (what under present reading would be) an unlawful diploma or one claimed to be such. There are hundreds of physicians in this State who technically have such; men who studied with a preceptor—perhaps practiced for years and then after an examination by the board of censors of some County or State Medical Society were licensed by such Society, it being legally empowered to do so. In many cases successful examinations were graduated with a diploma. Such was the common course forty years ago. Technically, with the proposed law, every one of these physicians could be prosecuted, and see the compound penalties directed by this bill. For every day of such unlawful practice the fines may be multiplied *ad-libitum*. The local societies are legally constituted blackmailers. See bill

Now turn to Assembly bill No. 871. I think the bill is a good one down to section 2. Why the $25? Why the examination of these licenses that have been a legal permit for years and years? Why need any permission from the Regents to register. what law and right have entitled an old physician to? Is not the production and sworn attestation of his license or diploma sufficient? Are not his oath and sworn affidavit made before the County Clerk as binding as if he paid $25 for permission to do the registering? Would the wolf lie down with the lamb unless the lamb was dead and inside of the wolf? This law is but a money-making scheme—a black-mailing grab—uncalled for by the reputable members of the profession. A true physician's motto is "help the needy," as well as "heal the sick." I represent as chairman of the Legislative Committee of the Eclectic Medical Society of the State of New York, 300,000 citizens of the State, who believe in the right to employ whatever physician they please; believe in not putting up laws to protect a few physicians who do not need protection, but to throw wide open all legitimate doors for God's truth and freedom to come to all, in medicine as well as religion, to kill bigots and foster kindness. I hope for your influence in defeating the 605 bill and to alter bill 871, as to have it do as its heading announces.

Dr. Gunn presented the following resolutions.

Resolved, That the thanks of the Society are hereby tendered to the Legisla-

tive Committee for its services in presenting its report relating to the present attempts at medical legislation.

Resolved, That this Society protest against any and all further medical legislation, as unwise and opposed to the spirit of medical progress. Carried.

Dr. Hamilton moved that a vote of sympathy be extended to Dr. Quackenbush who had recently lost his wife. Carried.

Dr. Cleland offered the following amendment to the by-laws: That all candidates for offices of the Society shall be permanent members in good standing.

The following interesting and instructive essays were then read and discussed:

Lee H. Smith, M. D.—Litholapaxy. Which he illustrated with many charts and specimens.

E. B. Foote, M. D.—Adhesions of the Glands of the Clitoris.

H. E. Gazlay, M. D.—What is in a Name.

H. L Grose, M. D.—Empiricism.

The essayists received a vote of thanks for the able manner in which they had handled their subjects.

Adjourned until 10 A. M., March 29, 1894.

SECOND DAY.

Meeting called to order at 10:45 A. M., by the President. Dr. L. O. Goetchius, Secretary.

On roll call the following permanent members and delegates responded to their names:

PERMANENT MEMBERS.

Dr. H. Armgardt,	Dr. T. W. Pomroy,
" M. E. Anderson,	" G. E. Potter,
" B. D. Baker,	" O. A. Perine,
" G. W. Boskowitz,	" R. W. Padgham,
" W. H. Bowlsby,	" D. E. Ensign,
" J. Hervey Bell,	" E. B. Foote,
" D. Casella,	" A. Fox,
" T. Cleland,	" L. O. Goetchius,

Dr. T. Conrad,
" C. Collin,
" T. B. Carpenter,
" Leon Cherburg,
" Belle Corwin,
" H. Carey,
" E. Denny,
" A. D. Latour,
" E. L. Downey,
" J. E. Danelson,
" A. J. Deering,
" F. A. Davis,
" W. F. Elmendorf,
" G. W. King,
" W. J. Krausi,
" R. Kunitzer,
" F. H. Lawrence,
" Robert Liston,
" Phœbe Low,
" Jennie L. Lynch,
" H. J. Lynn,
" N. F. Marsh,
" F. C. Maxon,
" E. S. Moore,
" J. F. McCann,
" Z. Moshkovitz,
" C. Motschenbacher,
" M. H. Nichols,
" G. W. Nyce,
" A. E. Parks,
Dr. Thos. Grant,
" R. A. Gunn,
" H. C. Gazlay,
" L. D. Greenleaf,
" R. Hamilton,
" W. R. Hawley,
" G. O. Heffter,
" H. C. Hinds,
" L. E. Horton,
" O. A. Hyde,
" F. M. Hayes,
" P. Harold Hayes,
" Harold A. Hayes,
" S. A. Hardy,
" T. S. Quick,
" G. A. Reinhardt.
" F. A. W. Rivet,
" G. A. Rowe,
" J. E. Salisbury,
" Lee H. Smith,
" O. W. Sutton,
" M. F. Stryker,
" G. W. Thompson,
" A. R. Tiel,
" I. J. Whitney,
" A. B. Whitney,
" Alex. Wilder,
" G. E. Whipple,
" J. L. Watson,
" J. V. S. Wilcox,
L. M. Wright.

Total, 77.

DELEGATES.

Dr. T. D. Adlerman,
" M. Abramson,
Dr. J. E. McCallum,
" S. A. Purdy,

Dr. Emma D. Burd,	Dr. G. W. Slater,
" M. A. Carman,	" H. B. Smith,
" G. P. Carman,	" S. H. Warren,
" P. M. Doty,	" C. Wakefield,
" S. Goldberg,	" M. A. Willis,
" Grant,	" A. W. Herzog,
" W. Harding,	" Hildebrandt,
" H. Herr,	" N. S. Hobbie,
" M. Krimke,	" J. Wolf,
" L. Lanzer,	" E. V. Wright,
" Lamberti,	" J. H. Yarnall,

Total, 26.

The nominating committee reported as follows:

For President, G. W. King, M. D.
For Vice President, Jas. L. Watson, M. D.
Secretary, S. A. Hardy, M. D.
Corresponding Secretary, E. B. Foote, M. D.
For Treasurer, A. R. Tiel, M. D.

BOARD OF CENSORS.

1st District, T. W. Pomroy, M. D.
2d " F. C. Maxon, M. D.
3d " F. A. Carpenter, M. D.
4th " Thos. Grant, M. D.
5th " W. W. Nims, M. D.
6th " D. E. Ensign, M. D.
7th " L. E. Horton, M. D.
8th " G. A. Reinhardt, M. D.
College, G. W. Boskowitz, M. D.

RECOMMENEED FOR THE STATE BOARD OF MEDICAL EXAMINERS,

M. H. Nichols, M. D.	I. J. Whitney, M. D.
O. W. Sutton, M. D.	J. E. Salisbury, M. D.
D. E. Ensign, M. D.	Lee H. Smith, M. D.

Motion made and seconded that the report of the nomi-

nating committee be accepted, and that we proceed to ballot for officers. Carried.

Dr. F. M. Hayes was nominated for President from the floor.

Drs. Casella and Conrad were appointed tellers; a ballot was then taken which resulted as follows: Whole number of votes cast 103, of which G. W. King, M. D., received 59, and F. M. Hayes, M. D., 44.

G. W. King, M. D., receiving a majority of the votes cast, was declared elected President.

Dr. Gunn moved that the Secretary cast the ballot for Vice-President.

This was objected to.

Motion was then made that the Secretary cast the ballot for the balance of the entire ticket as recommended by the nominating committee.

There being no objection, it was so ordered.

The following receiving the entire vote cast, were declared unanimously elected by the President:

Vice President, Jas. L Watson, M. D.
Secretary, S. A. Hardy, M. D.
Corresponding Secretary, E. B. Foote, M. D.
Treasurer, A. R. Tiel, M. D.

BOARD OF CENSORS.

1st District, T. W. Pomroy, M. D., New York City.
2d " F. E. Maxon, M. D., Chatham.
3d " F. A. Carpenter, M. D., Middletown,
4th " Thos. Grant, M. D., Liberty.
5th " W. W. Nims, M. D., Syracuse.
6th " D. E. Ensign, M. D., McGrawville.
7th " L. E. Horton, M. D., Avoca.
8th " G. A. Reinhardt, M. D., Buffalo.
College, G. W. Boskowitz, M D.

RECOMMENDED FOR THE STATE BOARD OF MEDICAL EXAMINERS.

M. H. Nichols, M. D.,	I. J. Whitney, M. D.
O. W. Sutton, M. D.,	J. E. Salisbury, M. D.
D. E. Ensign, M. D.,	Lee H. Smith, M. D.

The President then discharged the tellers with the thanks of the Society.

Dr. Lee H. Smith moved that the President appoint the voting delegates to the National E. M. Association. Carried.

The President appointed Dr. W. H. Hawley of Penn Yan, and Dr. L. O. Goetchius of Saratoga Springs.

The special Auditng Committee to audit Dr. Gunn's bill reported as follows:

That by agreement, Dr. Gunn is to deliver to the secretary within one week from date, March 29, 1894, 400 copies of transactions bound in cloth and 80 copies bound in paper; he is to receive from the Society, by order of the President and Secretary, four hundred dollars as a balance in full of all claims against the Society.

Dr. Boskowitz moved that the report be accepted. Carried.

The Committee were then discharged, with the thanks of the Society.

Dr. R. Liston, Chairman of the Auditing Committee, reported the Treasurer's report and the bills to be correct.

On motion the bills were ordered paid and the Committee discharged, with the thanks of the Society.

Dr. Gunn moved that the sum of one hundred dollars ($100.00) be paid the Secretary for services.

Dr. Boskowitz moved, as an amendment, that the Secretary of the State Society receive a salary of one hundred dollars annually. Dr. Gunn accepted the amendment. Carried.

Dr. G. W. Thompson moved that in the future all contracts with the Society be in writing. Carried.

The Secretary was then empowered to have printed blanks for all contracts.

It was then moved, seconded and carried that we proceed to the installation of officers.

Dr. Boskowitz was appointed by the chair to escort the officers to their proper stations.

The officers were duly installed.

The President appointed the following committees, which were approved by the Society: Legislative Committee—Drs. Robert Liston, Lee H. Smith, M. M. Fenner. Advisory Committee—Drs. G. W. Thompson, Alex. Wilder, L. E. Horton.

A vote of thanks was given to the retiring officers for the efficient manner in which they had performed their duties.

Dr. Boskowitz gave notice in writing of a proposed amendment to the by-laws; to strike out the word Albany and insert New York or any other place.

The Society then adjourned, to meet at Albany, March 27th and 28th, 1895.

SAMUEL A. HARDY, M. D.,
Secretary.

G. W. KING,
President.

JOHN MILTON SCUDDER.

We pronounce this revered name, and memory alone responds, for life's destroyer has called him from earth, so that he can no longer answer our voices with his or return our hand clasp with the warm pressure of his own. His career was not merely identified with the history of eclecticism of the present day, but it may almost be said to be that history itself. Foremost was he in the cause to which his active brain, kindly heart and helpful hand were unceasingly devoted. A continuing close student from boyhood and throughout his life, thoughtful, retentive, practical, of the highest order of intellectual ability, his study and reading made him the best informed, the ablest, the most advanced Eclectic of his time, and of this we are especially proud, for in no school of medicine, in no calling, in no sphere of life can one be pointed out who excelled him in these respects. He read, he studied, he acquired in order that he might impart to others; he was always teacher as well as student, and he knew how to teach as it has been given to few indeed to know in any generation. Nct only in the medical class room and on the medical platform did he teach, but by the pen also. He was a ready, clear, incisive writer, teaching through the medium of the printed page as effectively as in his lectures and addresses. His teachings gave eclectic instruction its high standard of to-day; his writings made eclectic literature what it is, the most advanced, simple and practical of medical publications, and in the enduring monument of the eclecticism which he more than any other of his contemporaries made, shall his name live through succeeding generations.

Every department, feature and interest of eclecticism was benefitted and improved by his life and work, and none more so than the Eclectic Medical College of the City of New York, whose faculty and trustees unite in contributing this tribute in remembrance of him.

Minutes of the Thirty-fifth Annual Meeting of the Eclectic Medical Society of the State of New York.

FIRST DAY.

MORNING SESSION.

ALBANY, N. Y., March 27 and 28, 1895.

The Society met in Geological Hall, Albany, N. Y., and was called to order at 10 A. M. by the President, G. W. King, M. D., of King's Station, N. Y.

The following members responded to the roll call:

Dr. G. W. Boskowitz,	Dr. P. Low,
" A. E. Broga,	" J. L. Lynch.
" H. S. Blackfan,	" L. Lanzer,
" W. H. Bowlsby,	" E. M. Manwaren,
" J. H. Bell,	" F. C. Maxon,
" D. A. Casella,	" W. W. Nims,
" E. Denny,	" T. W. Pomroy,
" E. B. Foote,	" R. W. Padgham,
" A. Fox,	" G. A. Reinhardt,
" E. H. Gillett,	" F. A. W. Rivet,
" L. O. Goetchius,	" J. A. Rega,
" F. D. Gridley,	" G. B Schill,
" O. A. Hyde,	" Lee H. Smith,
" S. A. Hardy,	" G. W. Thompson,
" G. W. King,	" A. R. Tiel,
" R. Liston,	" A. H. Wright,

Total, 32.

The Secretary announced that a quorum was present, and the meeting was declared open for the transaction of business.

President King then delivered the annual address—Title: "Experience and Observations."

Motion that a vote of thanks be tendered to the Pres-

ident for his able address, and that it be put to a rising vote. Carried.

Vacancies appearing on the Board of Censors; on motion the President made the following appointments:

2d District—A. Fox, M. D. in place of F. C. Maxon, M. D.
3d " P. Low, M. D. " F. A. Carpenter, M. D.
4th " C. W. Brandenburg, M. D., T. Grant, M. D.
6th " E. M. Manwaren, M. D., D. E. Ensign, M. D.
7th " R. W. Padgham, M. D., L. E. Horton, M. D.

The Board of Censors then stood as follows:

1st District—T. W. Pomroy, M.D., New York City.
2nd " A. Fox, M. D., Danbury, Conn.
3d " P. Low, M. D., Liberty, N. Y.
4th " C. W. Brandenburg, M. D., New York City.
5th " W. W. Nims, M. D., Syracuse.
6th " E. M. Manwaren, M. D., Oswego.
7th " R. W. Padgham, M. D., Farmer.
8th " G. A. Reinhardt, M. D., Buffalo.
College, G. W. Boskowitz, M. D., New York City.

The credentials of the various Auxiliary Societies were then handed to the Board of Censors.

During the absence of the Board of Censors there was an informal discussion of some of the bills before the Legislature.

The Board of Censors reported as follows:

The Albany County Society reported:

Total Membership last reported,... 6
Membership in good standing,..... 4
Suspended for arrears,..... 2
Dues to State Society paid.

Black River District Society—No report

Broome County Society—No report.

Brooklyn Academy of Medicine—No report.

The Central New York Society reported:

Total Membership last report,.....
Deceased,..... 1
Dues to State Society paid.
Removed from the State,..... 1
Total Membership in good standing.....23

Delegates: Drs. G. E. Baker, E. M. Manwaren, J. E. Salisbury and J. H. Robinson Alternates: Drs. W. W. Nims, K D. Broga, H. W. Strauble and and C. T. Greenleaf. Recommended for permanent membership: Drs G. E. Baker, J. H. Robinson and K. D. Broga.

Eclectic Medical Society of the City and County of New York reported:

Total Membership last report,.....71
Deceased,..... 1
Suspended for arrears,..... 5
Dues to State Society paid.
New Members admitted during the year,.....12
Total Membership in good standing,.....77

Delegates: Drs. J. M. Harding, E. Erwin, M. Jackson, W. H. Newcomb, G. J. Olson, T. D. Sargood, Carlton Simon, M. A. Willis, M. Wolf and J. H. Yarnall. Alternates: Drs H. L. Carey, J. F. Carey, A. F. Frech, S. Goldberg, M. W. Hall, L. Lamberti, L. Randell and M. Zoolea. Recommended for permanent membership: Drs. T. D. Adlerman, W. O. Bailey, G. J. Olson and W. H. Newcomb.

The Hudson River District Society reported:

Total Membership last report,.....4
Membership in good standing,.....4
Dues to State Society paid.

The King's County Medical Society reported:

Total Membership last report,.....12
Total Membership in good standing,..... 16
New Members admitted during the year, ...4
Dues to State Society paid.

Delegates: Drs. F. E. Hill, H. E. Hill, A. L Palmitier and C. J. Lundbeck. Alternates: Drs. Hargest, M. A. Carmen, D. N. Brown and J. J. Reveria. Recommended for permanent membership: Drs. F. E. Hill, H. E. Hill, A. L. Palmitier and C. J. Lundbeck.

The Saratoga District Society reported:

Total Membership last report,.....12
Suspended for arrears,..... 7
Deceased, ... 1
New Members admitted during the year, ... 1
Membership in good standing,..... 5
Dues to State Society paid.

The Southern Tier Medical Society reported:

Total Membership last report,..... 9
Membership in good standing,..... 7
Suspended for arrears,..... 2
Dues to State Society paid.

The Sullivan County Society reported:

Total Membership last report,.....10
Membership in good standing,.....10
Dues to State Society paid.

Delegates: Drs. M. Grant and C. W. Brandenburg. Recommended for permanent membership: Drs. M. Grant and C. W. Brandenburg.

West Side Society—No report.

The Western New York Society reported:

Total Membership last report,.....50	New Members admitted during the year,..... 1
Suspended for arrears..... 33	
Membership in good standing,..... 18	Dues to State Society paid.

Eclectic Medical College New York City.

Delegates: Drs A. W. Herzog and G. B. Schill. Alternates: W. R. Spooner and F. R. Lee.

On motion, the report of the Board of Censors was received and approved; its recommendation adopted; the delegates named were admitted, and the following were elected to permanent membership in the Society:

Dr. T. D. Adlerman	Dr. C. J. Lundbeck,
" G. E. Baker,	" H. L Palmitier,
" H. E. Hill,	" C. W. Brandenburg,
" J. G. Olsson,	" F. E. Hill,
" W. O. Bailey,	" W. H. Newcomb,
" K. D. Broga,	" J. A. Robinson,

Dr. M. Grant.

Dr. Foote was granted the privilege of the floor, and made a report on a bill in reference to vaccination, which is before the State Legislature, and offered the following resolutions:

Resolved: That we affirm the following resolutions adopted by the Society, March 28, 1889.

Resolution introduced by Dr. Foote immediately after the report of the Board of Censors.

"*Resolved*, That the members of the Eclectic Medical Society of New York State recognize the fact that there are a great variety and wide diversity of opinions on the subject of the utility of vaccination; that there is no unanimity of opinion concerning means, methods and repetition of vaccination: that the art has not yet reached a stage of scientific precision sufficient to justify its definition or safe administration by compulsory laws.

"*Resolved*, That before undertaking any legislation on vaccination the way for it should be prepared by the appointment of a competent and fair commission, empowered and directed to investigate the whole subject, including the operatien of compulsory vaccination laws in other countries."

After some discussion by Drs. Boskowitz, Bowlsby and Thompson the resolutions were adopted.

On motion, a committee of three was appointed to draft suitable resolutions in reference to the deaths of Drs. Hamilton, Bolles, Hildeborandt and F. M. Hayes.

Dr. Boskowitz,
" Foote, } Committee.
" Bowlsby,

Dr. Boskowitz spoke in regard to publishing annually a copy of transactions. That many members desired an annual copy, and that with care in the selection of essays, it could be made a valuable addition to any physician's library.

Dr. Thompson moved that the Secretary have power to proceed against Dr. Gunn for the return of the amount due the Society for transactions not delivered.

Seconded by Dr. Foote. Carried.

Meeting adjourned until 2:30 P M.

Meeting called to order at 2:30 P. M. by the President.

A copy of the printed minutes was presented, which was approved by the Society.

REPORT OF FINANCES.

The former treasurer, Dr. Lee H. Smith, presented the following report:

Balance on hand last report,		$467 19
Paid to Dr. Gunn,	$400 00	
" Successor to Dr. Tiel,	67 19	
Total,	467 19	

The treasurer, Dr. A. R. Tiel, reported as follows:

RECEIPTS.

March 29, 1894—From Dr. L. O. Goetchius, Secretary,	$340 00
June 9, 1894—From Dr. Lee H. Smith, Treasurer,	67 19
March 23, 1894—From Dr. S. A. Hardy, Secretary, dues from Southern Tier Society,	7 00
Sale of Transacitons,	13 00

DISBURSEMENTS.

March 29, 1894—L. O. Goetchius, M. D., Secretary, salary,	$100	00
" " " " express, postage and traveling expenses,	11	99
" " C. L. Goetchius, printing,	7	00
" " Hall and janitor,	12	00
" " S. A. Hardy, M. D,. postage, etc.,	12	95
" " W. R. Spooner, legal services,	130	00
June 9, 1894—Thomas Humphrey. printing,	79	62
Jan. 18, 1895— " " "	12	00
Feb. 28, 1895—C. L. Goetchius, printing,	40	00
Total,	$405	56
Balance on hand,	$ 21	63

A. R. TIEL, M. D., Treasurer.

Dr. Brandenburg moved that a committee of three be appointed to examine the Treasurer's report. Carried.

The President appointed as such committee Drs. Brandenburg, Foote and Maxon.

ITEMIZED RECEIPTS—1894.

DUES FROM AUXILIARY SOCIETIES.

Albany County Society,	$ 6 00	Brooklyn Academy Medicine,	$ 4 00
Central New York Society,	23 00	Hudson River Dist. Society,	4 00
King's County Society,	12 00	N.Y. County and City Society,	71 00
Saratoga County Society,	12 00	Southern Tier District Society,	9 00
Sullivan County Society,	10 00	Susquehanna District Society,	3 00
West Side Society,	52 00	Western New York Society,	50 00
Total,			$256 00.

MEMBERSHIP DUES.

W. R Hayden, M. D.,	$2 00	W. H. Hawley, M. D.,	$2 00
J. H. Nellis, M. D.,	2 00	A. Fox, M. D.,	1 00

INITIATION FEES.

Dr. M. F. Stryker,	$10 00	Dr. Ramon Arnao,	$10 00
" L. M. Wright,	10 00	" C. Motschenbacker,	10 00
" B. Corwin,	10 00	" Z. Moshkovitz,	10 00
" James Hervey Bell,	10 00	" P. Harold Hayes,	10 00
" Henry Carey,	10 00		
Total,			$353 00.

The following bills were then presented:

Thomas Humphrey, for printing and stationery,	$12	00
Dr. S. A. Hardy, secretary, for postage and express charges,	15	21

On motion, the bills were referred to a committee.

The President appointed as such committee, Drs. Bell, Liston and Pomroy.

SECRETARY'S REPORT.

Mr. President and Members of the Society:

Your Secretary in his report wishes to present several matters for the consideration of the Society. The State Society has at present twelve Auxiliary Societies. When we consider the amount of territory to be covered by each of these Societies they seem by far too small. One member of a County Society states that it takes two days' travel to attend a meeting of his Auxiliary Society, which is within a few hours of the time required to attend the session of the State Society. Others state that they have to drive a number of miles to a railroad station, and take the train to some other county. It is impossible to keep up the interest in an Auxiliary Society when the members have such difficulty in attending its meetings. We have Eclectic physicians scattered all through the state, enough in nearly every county to form an aggressive local society which would materially aid the cause of Eclecticism. Your Secretary would recommend that when there are three or more Eclectic physicians in proximity they should be allowed to form an Auxiliary Society. In the last four years we have lost five Auxiliary Societies, and have admitted one new one, which is a net loss of four. If we are not progressive, we shall recede. Inactivity means retrogression and death. During the past year several of the Auxiliary Societies have gained in membership, the King's County Society showing the largest percentage of gain. Only one shows any material decrease.

Many of the members are desirous of having published annually a copy of Transactions. It could contain the minutes and a few of our best essays. With care in the preparation of such a work it could be made a valuable addition to the library of any physician. The income of the Society at the last state meeting was three hundred and forty dollars, and it would seem sufficient to warrant the annual publication of a copy of Transactions. It is hoped that the Society will take some action on the matter.

The distribution of the Transactions was more of a task than your Secretary anticipated. They were to be delivered to the Secretary of the Society within one week from the date of the last session, when a draft was to be drawn payable to Dr. Gunn for the balance due on his account. The Transactions were not delivered until months after, though I believe Dr. Gunn received his draft before the week expired. There were to be four hundred copies bound in cloth and about eighty bound in paper. Dr. Gunn delivered 312 copies bound in cloth and eighty-two bound in paper, which is a shortage of eighty-eight copies.

At the suggestion of President King I wrote to the Secretaries of the various Auxiliary Societies to learn the number of copies desired by the members of their respective societies that the copies might be sent to the Secretary for distribution. Some replied to my communication and others did not. However, I took the liberty to use my judgment, and send what I thought would be the required number.

Two of the Secretaries to whom I sent Transactions never acknowledged receiving the same, and from only one have I received any report as to the progress they have made in disposing of the copies that were sent to them. Those subscribed for in New York City I delivered in person, and on each occasion I received pay for the same. One hundred and forty-nine copies have been delivered, and thirteen dollars has been received, which is payment for twenty-six copies, which money has been paid to the Treasurer. No doubt many more copies will be paid for during the present session.

There is needed another supply of certificates for permanent membership, as there are none on hand at present. The price is $17.50 for one hundred or $28 for two hundred. The average number used annually is ten and it would seem that one hundred would be sufficient.

SAMUEL A. HARDY, M. D.,
Secretary.

On motion of Dr. Boskowitz, the recommendations of the Secretary were referred to a committee of three.

The President appointed Drs. Boskowitz, Foote and Goetchius.

Motion made that Drs. Lanzer and Muller, of the King's County Society, be allowed to complete their membership. Carried.

VERBAL REPORTS OF SOCIETIES

Dr. Chase, for the Albany County Medical Society, reported four members in good standing

Black River District Society.

The Secretary read a letter from Dr. G. D. Hewitt, the last President of the Society, in which he stated that the Society had not had a meeting for three years, as it had been impossible to get a quorum together, and asked for information as to the proper method by which the Black River District could regain its standing in the State Society.

The President instructed the Secretary to write to Dr. Hewitt and suggest a reorganization of the Society

The Brooklyn Academy of Medicine—No report.

Dr. E. M. Manwaren, Secretary of the Central New York Society, reported for the Society, giving a general outline of its history, and the good work the Society had done for the cause of Eclecticism. The membership of the Society had been reduced by the death of many of the older members. He invited the young graduates to locate in that part of the state, declaring that Eclectics were in great demand and succeeded well all through that section.

He also reported that the meetings of the Society were interesting and instructive. Essays and discussions upon progressive medicine occupying the principal time of the meetings. Twenty-three members are reported in good standing.

Dr. King being called from the room, Dr. Pomroy was called to the chair.

Dr. Tiel, reporting for the Hudson River District Society, reported four members in good standing; referred with pride to the good record which the Society had made. and invited young doctors to locate within its limits, assuring them that there was plenty of business for live Eclectics in that vicinity.

For the Saratoga District Society, Dr. L. O. Goetchius reported five members in good standing. He expressed the hope that the young men seeking eligible locations would remember the Saratoga District, as its youngest member was fifty-four years old. The five members are active and enthusiastic and interesting essays are presented at the meeting of the Society.

The report of the Southern Tier Society was made by Dr. R. W. Padgham, who stated that the seven members are busy practitioners, having all the business to which they could attend; that the Eclectic School of Medicine was the favorite of practice in that section, and that the most cordial feeling existed between them and the members of the other schools.

The Sullivan County Society was reported by Dr. Phœbe Low, its Secretary. She reported ten members in good standing; no deaths and no suspensions. She spoke of the difficulty of keeping together a country society when the members are so widely separated.

The Western New York Society shows eighteen members in good standing. There was no verbal report.

West Side Society—No report.

The Eclectic Medical Society of the City and County of New York was reported by its Secretary, Dr. James Hervey Bell, who reported a total membership of seventy-seven members, being an increase of six over last year. The Society had held ten regular meetings during the year, all

of which were well attended, interesting and instructive; that many interesting essays had been presented, also a number of clinics; that he considered the Society in the most flourishing condition and perfectly harmonious.

Dr. Boskowitz reported for the Eclectic Medical College of New York City a successful session and a good class. There were seventy-eight matriculants, young, active and brainy, the very best of material to continue the work started by the pioneers. Special attention was given to clinical and laboratory instruction, and the course had been lengthened to three sessions of eight months each. He expressed a cordial invitation to the members of the Society to be present at the annual commencement to be held on the eighth day of May in New York City.

The Kings County Society was reported by its Secretary, Dr. F. E. Hill, who spoke with pride of the progress the Society had made during its first year. That it had held ten regular and three special meetings, at which interesting essays and clinics were presented by members of the Society. It had increased to sixteen members during the year, and was altogether in a most healthy and flourishing condition, and he predicted that ere long it would become the banner Society of the state.

After the verbal reports of Auxiliary Societies, Drs. Fox and Gillett spoke at some length upon the merits of Eclecticism and their success in practice, also giving the younger members of the Society an outline of the struggles and troubles of the pioneers.

The special committee appointed to audit the reports of Treasurers Smith and Tiel reported that they found the two accounts correct, and recommended that the supplemental report presented by Dr. Smith, as also the report of Dr. Tiel, be accepted.

On motion, the report with the recommendations were adopted.

Dr, Boskowitz moved that the evening session be devoted to literary work. Carried.

The Nominating Committee was appointed as follows:

Drs. Liston, Bell, Manwaren, Maxon, Goetchius, Padgham, Low, Brandenburg, Lee H. Smith, Boskowitz, Thompson and F. E. Hill.

The Chairman of the Legislative Committee reported as follows:

REPORT OF THE LEGISLATIVE COMMITTEE OF THE ECLECTIC MEDICAL SOCIETY, STATE N. Y.

Ladies and Gentlemen: In my last report I had the honor to call your attention to Senate Bill No. 342. If it had become a law it would have been the most unjust and obnoxious medical law on the statutes. Notwithstanding every effort made by the Legislative Committee this bill passed the assembly as well as the senate and only awaited the governor's signature to become a law. At the last moment, largely through the influence of our honorable Corresponding Secretary, it was not signed.

Not discouraged, the advocates of increased medical legislation drafted a new bill, but so far it has not been introduced in either Honse. It might be well to note some of its salient points.

The Examining Board shall examine and verify all diplomas issued by chartered medical colleges in *good* standing. The Board *shall decide* what colleges *are* in good standing, and will not recognize as such any medical college in which, during a period of five years, the aggregate graduates amount to forty-five per cent. of the aggregate matriculants. It being accepted as *prima facie* evidence that practically every candidate is graduated without regard to competency or qualification.

2d. It could reject applicants because professional or

personal antecedents, habits or associations *might* show unprofessional conduct.

3d. The Board could reject applicants *if* an intent to practice in an unprofessional or dishonorable manner was proved. It left the examiners the sole arbitrators, regardless of personal rights or qualifications.

Returning to bills actually introduced thus far this session, we have Assembly bill No. 263–618–821, to amend the public health law relating to the vital statistics and relates to the registration of marriages, births and deaths.

Senate bill No. 132–698 relates to the enforcement of sanitary laws by special police and special agents and their jurisdiction and duties; specifies what must not be done in tenement buildings that health may be the better secured.

Assembly bill 639 relates to the appropriating of monies to the Society of the Lying-in-Hospital in the City of New York.

Assembly bill No. 268, to regulate the practice of midwifery in Niagara county other than by legally authorized physicians. It provides for an examining board to examine candidates, and hence license midwives to practice in *natural* labor cases only, and makes it a misdemeanor to practice in others. Should a natural labor case assume any other form a physician must be called at once.

Assembly bill 435 makes an appropriation for the Craig Colony of epileptics.

I will close my report with the following: In June last the Munroe County Medical Society requested the Eclectic and Homeopathic County Societies to appoint with them a member from each to form a committee for the purpose of prosecuting practitioners who had not fulfilled the requirements of the medical laws. The compliment was received, and the committee favored the step in professional equality, recognized and appreciated, until in the fall Dr. J. F. Michel commenced suit for damages laid at $5,000 against the Allopathic Society, and now proposes sueing the Eclectic and

Homeopathic County Societies also. Some of us have read the story of "Dog Tray." Copies of the various bills accompany the report of your Legislative Committee.

(Signed)
ROBERT LISTON, M. D..
Chairman Legislative Committee.

On motion, the report of the Legislative Committee was received and adopted.

Meeting adjourned to 8 P. M.

EVENING SESSION.

The meeting was called to order at 8 P. M., by the President.

The following essays were read and discussed:

E. B. Foote, M. D.—Is Consumption Contagious. Discussed by Drs. Liston, Lanzer, Padgham, Boskowitz, Thompson, Fox and Manwaren.

E. M. Manwaren, M. D.—New Methods of Diagnosing and Treating Diseases of the Stomach. Discussed by Drs. Thompson, Padgham and Lanzer.

Louis Lanzer, M. D.—Appendicitis. Its Diagnosis and Surgical Treatment. Discussed by Drs. Jackson and Foote.

A. R. Tiel, M. D.—Spondylitis. A Case in Practice. Discussed by Drs. Casella, Jackson, Thompson and Krausi.

The following were read by title only:

E L. Downey, M. D.—Diphtheria.

G. W. Thompson, M. D.—Symptoms of Obscure Cases and Their Clinical Bearing in Diagnosis.

G. S. Rowe, M. D.—Crime in Relation to the Mentally and Physically Defect.

W. H. Bowlsby, M. D.—A Case of Chronic Tubercular Synovitis.

Adjourned to 10 A. M. March 28, 1896.

SECOND DAY.

Meeting called to order at 10 A. M. by the President.

On roll call the following permanent members and delegates responded to their names:

PERMANENT MEMBERS.

Dr. H. Armgardt,
" G. W. Boskowitz,
" A. E. Broga,
" K. D. Broga,
" Jas. H. Bell,
" W. H. Bowlsby,
" D. A. Casella,
" L. Cherburg,
" H. Carey,
" E. Denny,
" E. B. Foote,
" A. Fox,
" E. H. Gillett,
" L. O. Goetchius,
" F. D. Gridley,
" O. A. Hyde,
" S. A. Hardy,
" G. W. King,
Dr. W. J. Krausi,
" R. Liston,
" Phœbe Low,
" Jennie L. Lynch,
" L. Lanzer,
" E. M. Manwaren,
" F. C. Maxon,
" Z. Moskowitz,
" W. Mueller,
" W. W. Nims,
" T. W. Pomroy,
" O. A. Perine,
" R. W. Padgham,
" G. A. Reinhardt,
" F. A. W. Rivet,
" Lee H. Smith,
" G. W. Thompson,
" A. R. Tiel.

Total, 36.

DELEGATES.

Dr. C. W. Brandenburg,
" M. Grant,
" J. M. Harding,
" A. W. Herzog,
" F. E. Hill,
" H. E. Hill,
" E. Irwin,
" M. Jackson,
Dr. W. H. Newcomb,
" G. J. Olsson,
" A. L. Palmitier,
" T. D. Sargood,
" Carlton Simon,
" Mary A. Willis,
" M. Wolf,
" J. H. Yarnall.

Total, 16.

The nominating committee reported as follows:

For President, A. R. Tiel, M. D.
For Vice President, R. W. Padgham, M. D.
Secretary, S. A. Hardy, M. D.
Corresponding Secretary, E. B. Foote, M. D.
For Treasurer, Phœbe Low, M. D.

BOARD OF CENSORS.

1st District, T. W. Pomroy, M. D.
2d " F. E. Hill, M. D.
3d " F. C. Maxon, M. D.
4th " A. J. Smith, M. D.
5th " W. W. Nims, M. D.
6th " A. E. Broga, M. D.
7th " L. E. Horton, M. D.
8th " G. A. Reinhardt, M. D.
College, O. A. Hyde M. D.

RECOMMENEED FOR THE STATE BOARD OF MEDICAL EXAMINERS,

E. Denny, M. D. L. O. Goetchius, M. D.
D. E. Ensign, M. D. G. D. Hewitt, M. D.

On motion, the report of the Nominating Committee was accepted, and the Society proceeded to ballot for officers.

The President appointed as tellers Drs. Casella and Goetchius.

The following receiving the entire vote cast, were declared unanimously elected by the President.

President, A. R. Tiel, M. D.
Vice-President, R. W. Padgham, M. D.
Secretary, S. A. Hardy, M. D.
Corresponding Secretary, E. B. Foote, M. D.
Treasurer, Phœbe Low, M. D.

BOARD OF CENSORS.

1st District, T. W. Pomroy, M. D., New York City.
2d " F. E. Hill, M. D., Brooklyn.
3d, " F. C. Maxon. M. D., Chatham,
4th " A. J. Smith, M. D., Fremont.
5th " W. W. Nims, M. D., Syracuse.
6th " A. E. Broga, M. D., Oneida.
7th " L. E. Horton, M. D., Avoca.
8th " G. A. Reinhardt, M. D., Buffalo.
College, O. A. Hyde, M. D., New York City.

RECOMMENDED FOR THE STATE BOARD OF MEDICAL EXAMINERS.

E. Denny, M. D. L. O. Goetchius, M. D.
D. E. Ensign, M. D. G. D. Hewitt, M. D.

The President discharged the tellers with the thanks of the Society.

Dr. Boskowitz's amendment to the by-laws proposed at the last annual session, viz.: To strike out the word Albany and insert New York, or any other place, was adopted with the following amendment:

To strike out the word Albany, and allow the Society, at each meeting, to designate the place of holding the next annual session.

It was then moved that when we adjourn, we adjourn to meet in New York City March 25th and 26th, 1896. Carried.

Dr Boskowitz moved that at the next meeting the first business of the evening session shall be the report of the Legislative Committee. Carried.

Dr. Liston spoke at some length of the assistance the members of the Society could be to the Legislative Committee by keeping in touch with the members of the Legislature, and informing them as to the desires of the School.

The committee appointed to review the Secretary's recommendations reported as follows:

WHEREAS, it is desirable that we should issue annually a volume of the Transactions of the Society, be it

Resolved, That the President of the Society shall, in appointing committees, designate three members of the Society to act as a publishing committee; that this committee shall select from the most valuable papers read before the Society or otherwise contributed by its members, enough to fill, with the minutes of the annual meeting, a volume of two hundred pages, uniform with those of previous volumes; that the price of the volume to each member shall be one dollar; and that when at each annual meeting enough copies shall be subscribed for to pay for the publication of an edition of such work, it shall be the duty of such publishing committee aforesaid to proceed with the work and supply copies to the subscribers at as early a day as circumstances will permit; and be it further

Resolved, That the officers of each Auxiliary Society in the state in furtherance of the work, shall ascertain at the first regular meeting after the annual session of the State Society, how many copies will be subscribed for and taken by the members of such local Society, and forward within thirty days, to the Secretary of the State Society the number of such subscriptions. Whenever it shall appear to the Secretary and Treasurer of the State Society that it will be safe for the State Society to assume the risk of publication of a volume of the Transactions, notice shall be given by the Secretary to the publishing committee to proceed at once to put such volume in the hands of the printer and binder; and be it further

Resolved, That when the books are ready, the Secretary of each local Society shall call upon the members thereof to pay their subscriptions and these sums so collected shall be paid to the Secretary of the State Society, and any deficiency for the payment existing shall be made up from the Treasury of the State Society, so that no delay may occur in supplying the volume; that it shall further be understood that the local Society or Societies which are delinquent in payment shall not be supplied with the volume until their subscription money shall have been paid into the Treasury of the State Society.

Amended as follows:

That the cost of Transactions shall not exceed two hundred and fifty dollars; that the publishing committee shall have discretionary power to add to their number, and that a copy shall be given to every member of Auxiliary Societiys in good standing.

The resolutions as amended were adopted.

Dr. Casella gave notice in writing of an amendment to the by-laws increasing the annual dues to one dollar and fifty cents.

On motion, the Secretary was authorized to procure one hundred certificates for permanent membership.

Dr. Foote introduced the following resolutions, and moved their adoption:

Whereas the subject has been broached in the Board of Regents of raising the standard of preliminary examinations, making graduation from a High School or Academy a prerequisite for entering upon a course of medical study in any medical college, be it

Resolved, By the Society, with delegates representing local Auxiliary Societies in various parts of the state, that such a requirement would work great injustice to many impecunious and worthy young people who, in many instances, possess more of the natural qualifications for the study and practice of medicine than many of those who are favored with wealthy parentage.

Resolved, That it is the sense of this Society that a person may possess the gift for healing when he may not have the educational foundation for a scientist; that he may not have the advantage of an Academic education when he may possess a genius for prescribing for the ills of humanity, and finally, that existing laws requiring a primary knowledge of the usual branches taught in our public schools by a person who is about to enter upon a course of medical study, is quite sufficient to protect the profession from illiteracy and the public from quackery, while affording to our young American citizen an opportunity for growth and advancement which is in keeping with our republican institutions.

Resolved, That in a democratic country, where it is at least intended that the humble citizen may rise by his own efforts, we want no laws which will discriminate in favor of the wealthy few against the many of moderate means and and opportunity.

After some discussion the resolutions were lost.

The committee appointed to audit the bills reported them to be correct.

On motion the report was accepted, and the bills ordered paid.

Dr. Liston was appointed installing officer and proceeded to install the officers elected.

Dr. Manwaren moved that an order be drawn on the Treasurer for the Secretary's salary and expenses. Carried.

President Tiel appointed the following committees and voting delegates to the National Convention which were approved by a unanimous vote: Legislative Committee—Drs. Robert Liston, G. W. Boskowitz, R. V. Pierce. Advisory Committee—Drs. W. H. Bowlsby, G. W. Thompson, G. W. King. Voting delegates to National Convention—Drs. G. W. Boskowitz, E. M. Manwaren.

Dr. Manwaren described a new method for resuscitation from electric shock which consists of the use of Professor P. J. Gibbons' Resuscitator. It is a simple double bellows, so constructed that when the handles are raised the air from the patient's lungs rushes into bellows No. 1, and at the same time fresh air is drawn into bellows No. 2. Then the handles are pressed, and the fresh air from bellows No. 2 is forced into the patient's lungs, and the air from bellows No. 1 is forced out through a valve into the external air. The apparatus is designed to resuscitate persons who have undergone electrical shock, taken poison, been long immersed in water, been subjected to pressure on the center of respiration, or suffered from remote misadventure.

Motion made to adjourn. Carried.

SAMUEL A. HARDY, M. D.
Secretary.

ARTHUR R. TIEL, M. D.,
President.

In the midst of this annual meeting it is our duty to pause and consider in a solemn and reverential manner, the great losses which we have sustained in the death of so many noble and honored members of our Association. Death has gathered a ripe and abundant harvest this year; members whose characters and lives were the best possible illustration of their love of principle and duty.

They have laid down their earthly burdens and have entered into that future rest which awaits us all.

Your committee would respectfully offer the following resolutions:

That we shall ever remember the excellencies of heart, character and life of our lamented deceased members. That we hereby express our tenderest sympathy toward the families and friends whose loss we deplore, and that we tenderly and confidently commend them in their sorrow to the loving care of the Almighty. That a memorial page in the printed Transactions of this Society be suitably inscribed with the name and date of each of the following deceased members:

ROBERT HAMILTON, M. D., died October 4, 1894.

J. H. HILDEBRANDT, M. D., died March 5, 1895.

F. M. HAYES, M. D., died June, 1894.

HENRY A. BOLLES, M. D., died September 16, 1894.

Fraternally submitted,

THE COMMITTEE.

Minutes of the Thirty-sixth Annual Meeting of the Eclectic Medical Society of the State of New York, held in Assembly Hall, United Charities Building, No. 109 East 22nd Street, New York City, March 25th and 26th, 1896.

FIRST DAY.

MORNING SESSION.

NEW YORK CITY, March 25th, 1896.

The Society met in Assembly Hall, United Charities Building, 109 E. 22nd Street, New York City, and was called to order at 10 A. M., by the President A. R. Tiel, M. D., of Matteawan, N. Y. Prayer was offered by the Rev. Dr. Wyatt Hannath.

The following members responded to the roll call:

Dr. H. Armgardt	Dr. W. J. Krausi,
" G. W. Boskowitz,	" Robert Liston,
" W. H. Bowlsby,	" Phœbe Low,
" J. H. Bell,	" J. L. Lynch,
" D. A. Casella,	" L. Lanzer,
" C. Collin,	" C. Motschenbacher,
" F. A. Carpenter,	" Z. Moshkowitz,
" L. Cherburg,	" M. H. Nichols,
" H. Carey,	" W. H. Newcomb,
" I. P. DeFaulk,	" G. J. Olsson,
" F. Dressell,	" O. A. Perine,
" E. B. Foote,	" J. A. Rega,
" E. H. Gillett,	" G. A. Reinhardt,
" F. D. Gridley,	" O. W. Sutton,
" H. T. Hubbell,	" G. W. Thompson,
" H. C. Hinds,	" L. E. Horton,
" A. R. Tiel,	" O. A. Hyde,
" L. de Venoge,	" S. A. Hardy,
" J. L. Watson,	" E. Irwin,
" H. E. Waite,	" M. J. Jackson,
" I. J. Whitney,	" S. Jagers.

Total, 43.

The Secretary announced that a quorum was present, and the meeting was declared open for the transaction of business.

President Tiel then delivered his annual address, which was listened to with marked interest by all present. He spoke of the great advance the school had made and congratulated the members urging them to continue their efforts. He referred to the success which our practitioners were having throughout the country and prophesied a pleasant and successful meeting. He referred to the change of meeting place from Albany to New York City saying that he believed that it was a move in the right direction.

Following the President's address the vacancies on the Board of Censors were filled as follows:

3rd	Dist.,	Dr.	Robert Liston	in place of	Dr.	F. C. Maxon.
4th	"	"	Phœbe Low	"	"	A. J. Smith.
5th	"	"	I. J. Whitney	"	"	W. W. Nims,
6th	"	"	G. W. Boskowitz	"	"	A E. Broga,

The credentials of the various Auxiliary Societies were then handed to the Board of Censors which was now represented by:

1st District, Dr. T. W. Pomroy, New York City.
2d " " F. E. Hill, Brooklyn, N. Y.
3d " " Robert Liston, Albany, N. Y.
4th " " Phœbe Low, Liberty, N. Y.
5th " " I. J. Whitney, Unadilla, N. Y.
6th " " G. W. Boskowitz, New York City.
7th " " L. E. Horton, Avoca, N. Y.
8th " " G. A. Reinhardt, Buffalo, N. Y.
College, O. A. Hyde, New York City.

During the absence of the Board of Censors the President called for verbal reports from the Auxiliary Societies:

Albany County Society.—No report.

Central New York Society: Secretary Hardy re-

ported that the Society had twenty-one members in good standing; that it had held its usual meetings during the year which were well attended. The Society had lost but two members by death—Drs. W. W. Nims and Louisa J. Phelps.

The Eclectic Medical Society of the City and County of New York was reported by its Secretary, Dr. James Hervey Bell, who stated that the Society had held twelve regular meetings during the year; that it had lost a few of its oldest members, they having resigned to assist in organizing the Kings County Eclectic Society; that the Society had made a net gain in membership during the past year, now numbering eighty active members, and was fast approaching the 100 mark which it expected to attain this year. Many interesting essays were read at its meetings, and these essays were usually followed by animated discussions.

The Hudson River District Society was reported by Dr. Tiel who stated that the membership of the Society had been reduced by death and removals to four members, one-half of its members being present. That though few in number its members were active and enthusiastic in the cause of Eclecticism and would continue to give it their heartiest support.

The Kings County Eclectic Medical Society was reported by its Secretary, Dr. F. E Hill. He stated that there existed in the Society an unusual degree of activity, due to the responsibility that each member individually assumed upon himself or herself to further its success. The Society had held ten regular and two special meetings during the past year which were largely attended and very harmonious. Many learned and interesting essays were read and cases reported both medical and surgical, the discussion of which elicited much valuable information from the various members present. Of the sixteen members reported last year all were still on the rolls and in good stand-

ing Nine new members were added to the roll during the year, making a gain of over 50 per cent., which again entitles them to the position of banner Society for the current year

Dr. Liston reported for the Saratoga County Society, stating that the Society was small, but active; that it had held its regular meetings during the past year but that owing to the inclement weather and the distance some of the members had to travel to be present at its sessions they were not very largely attended, but always interesting.

The Southern Tier Society was reported by Dr L. E. Horton; he said that the Society had held its usual meetings during the year and had made a slight gain in membership. Eight interesting essays were presented during the year.

The Sullivan County Society, as reported by Dr. Phœbe Low, had held its regular meeting during the past year, which was well attended. She said the members showed an active interest in the cause of Eclecticism, one-half of them being present at this meeting of the State Society.

The Western New York Society was reported by Dr. G. A. Reinhardt, who stated that the Society's meetings were well attended and that the Society was increasing in numbers as he had proposed two new members at the last meeting.

The report of the Eclectic Medical College of the City of New York being called for Dean Boskowitz reported as follows:

Mr. President, Ladies and Gentlemen:

We may all feel proud and happy at the success our students have won and the position that the Eclectic Medical College of the City of New York occupies to-day in the field of Medical education. We may hold our heads erect and say "none better, few our equals." It is true that ours is not an institution richly endowed financially, but we have a faculty possessed with energy and courage, who have been able to successfully educate our students. The record of the

past year to us is a glorious one. When the law establishing State Boards and taking the licensing power from the Colleges passed, our friends looked sorrowful and our enemies chuckled, believing that the Eclectic Medical College of the City of New York would be crowded from the field. The result of these examinations and the percentages of failure in the three schools which I will quote to you in a few moments proves conclusively that the Eclectic Medical College is, and has been, a success. The percentage of failures last year before the Allopathic or State Board was 26.5. Before the Homeopathic State Board, 13.3. Before the Eclectic State Board, 9 1. I am also pleased to report to you that the law requiring a certain preliminary standard has in no way interfered with our class. In fact we have a larger number of matriculants this year than we have had in eight years, and as large a percentage of the students matriculated have the statutory requirements as in any other school in the state. Have we not a right to feel proud of this record? Does it not prove that the class of students applying for entrance to the Eclectic College are the thoughtful. earnest ones, who enter the profession not because a guardian or parent influences them, but after independent inquiry into systems and modes of practice. The stand that the College has taken in regard to preliminary training and state control in medicine has helped the Eclectic School as a whole: has given it recognition as nothing else could; has virtually placed our students in what might be called a competitive examination, for as you well know, the students of the various schools are required to answer the same sets of questions in everything except theory and practice of medicine and receive the same license with the seal of this great state upon it as do the students from all other schools in the state. After the hearing on the Stanchfield Bill or Bellevue Bill, as it is called, which was vigorously opposed by our Counsel and Vice-President, W. R. Spooner, I received a letter from the Secretary of the Board of

Regents from which let me quote you a short paragraph: "It was very gratifying to the Homeopathic and Old School men to hear the testimony of your condition under the new law. I doubt if you have ever done anything that will help your school more than the square-toed way in which you stand for the higher standard and show the benefit it has been to you. It is worth more than all your ordinary advertising in giving you confidence in your work, and I congratulate you on your position." Do not, for one moment, think that we are pleased simply because the Homeopaths and Old School men present expressed satisfaction, as we have no desire to attain popularity by catering to them, but do desire the respect of all intelligent men no matter in what particular creed they may be found. Our Commencement will take place at Chickering Hall May 6th, and in the name of the Board of Trustees and the Faculty I cordially invite you one and all to be present.

The Board of Censors returning at this time reported as follows:

Albany County Society—No report.

Central New York Society—No report.

The Eclectic Medical Society of the City and County of New York, reported:

Total Membership last report, ...77	Suspended for arrears..... 8
New Members admitted during the year,..... 12	Total Membership in good standing 80
Removed from the State..... 1	Dues to State Society paid.

Delegates: Drs. L. Balcom, F. Dressell, S. D. Jacobson, F. Kahlenberg, J. M. Harding, A. W. Herzog, L. Lamberti, A. Newman, C. Simon, L. O. Stickel, and George Vailliant. Alternates, Drs Carrie Brandenburg, M. Cowles, A. F. Frech, T. Herr, A. Margolies, M. S. Pierre, T. D. Sargood, W. P. Tozer, Mary A Willis, Morris Wolf, and J, H. Yarnall.

Recommended for permanent membership: Drs. D. N. Bulson, M. Rosenbleuth, W. S. Dart and L. Balcom.

The Hudson River District Society reported:

Total Membership last report,..... 4	Membership in good standing. 4

Dues to State Society paid.

The Kings County Medical Society reported:

Total Membership last report.....16
Reinstated by payment of arrears.. 1
Dues to State Society paid.
New Members admitted during year 8
Total Membership in good standing.....25

Delegates: Drs. G. W. Salter, L. Adlerman, C. J. Lundbeck, J, T. DeVoe, and George Hargest. Alternates: Drs. J. W. Boehm, J. J. Reveria, L. Hutchings, H. B. Ticehurst and A. L. Palmitier. Recommended for permanent membership: Drs. G. W. Salter, L. Adlerman, H. B. Ticehurst and George Hargest.

The Saratoga District Society reported:

Total Membership last report,..... 5
Reinstated by payment of arrears,. 2
Total Membership in good standing,..... 7
Dues to State Society paid.

The Southern Tier Society reported:

Total Membership last report, ... 7
New Members admitted during year, ... 2
Suspended for arrears, ... 1
Total Membership in good standing,..... 8
Dues to State Society paid.

Delegates: Drs. E. Gamble and H. T. Kinsman. Recommended for permanent membership: Drs. ,E. Gamble and H. T. Kinsman.

The Sullivan County Society. reported;

Total membership last report,.....10
Membership in good standing,.....10
Dues to State Society paid.

Delegates: Drs. M. Grant and C. W. Brandenburg. Recommended for permanent membership: Drs. M. Grant and C. W. Brandenburg.

Western New York Society—No report.

Eclectic Medical College:

Delegates: W. R. Spooner and J. W. Fyfe, M. D.

On motion the report of the Board of Censors was received and approved; its recommendations adopted and the delegates named were admitted and the following elected to permanent membership in the Society: Drs. Louis Adlerman, L. Balcom, D. N. Bulson, C. W. Brandenburg, W. S. Dart, M. Grant, E. Gamble, George Hargest, H. T. Kinsman, M. Rosenbleuth, G. W. Salter, and H. B. Ticehurst.

The Board of Censors asked for a ruling upon the status of Societies failing to report. The President ruled that Societies failing to report and pay their dues to the State Society for two years are permanently suspended. Dr.

Boskowitz introduced the following resolution which was unanimously adopted:

Resolved, That public officials, departments and boards be, and are requested to adopt such rules and regulations as will provide for the appointment of physicians to public hospitals and institutions upon civil service examination only, and for the admission of all physicians holding the license or endorsement of the Board of Regents to competition in such examination for all places to be filled without regard to their particular school of medicine.

Dr. Liston offered the following resolution which was unanimously adopted:

Resolved, That the cause of advanced medical education is benefitted, and its supporters are to be congratulated on the prompt enactment of the Regent's Bill introduced in the State Senate late in January, and made a law within seven weeks thereafter.

Resolved, That the Stanchfield Bill pending in the Assembly of this State is vicious in its purposes and tendencies and its enactment can only serve to undo all that has been accomplished by the legislation in the past generation for the cause of advanced medical education.

WHEREFORE, The Eclectic Medical Society of the State of New York protests against that Bill and instructs its officers to certify this protest to the Assembly.

On motion the Minutes of 1895 were adopted as printed.

The following bills were presented:

Meyer Bros. for printing and stationery,	$16 50
Charles Goetchius, for printing Minutes,	44 00

The Treasurer, Dr. Phœbe Low, reported as follows:

RECEIPTS.

March 28, 1895—Received from the Secretary, Dr. S. A. Hardy,		$203 75
Received from Dr. A. R. Viel, Treasurer,		21 63
March 24, 1896—Received from the Secretary, Dr. S. A. Hardy,		40 69
Total,		$266 07

DISBURSEMENTS.

March 28, 1895—Salary and expenses of Secretary,	$127 11	
For rent of hall,	10 00	
Janitor,	2 00	
April 5, 1895—Thomas Humphrey, for printing,	12 00	
May 31, 1895—Henry Seibert, for lithographing,	17 50	
Aug. 24, 1895—Empire Printing Co.,	8 75	
Total,		$177 36
Balance on hand March 25, 1896,		$ 88 71

DR. PHOEBE LOW, Treasurer.

The Secretary, Dr. Hardy, reported as follows:

RECEIPTS.

DUES FROM AUXILIARY SOCIETIES, MARCH 27, 1895,

Albany County Society. ...$	4 00
Central New York Society,.	23 00
Hudson River Society,.....	4 00
Kings County Society,.....	16 00
N. Y. City and Co. Society,	77 00
Saratoga County Society,...	5 00
Sullivan Co. Society,.....	10 00
Western N Y., Society,....	18 00
March 16, 1896, Southern Tier Society.....	8 00
Total,..... $	165 00

TRANSACTIONS:

Central N.Y., Soc 22 copies $	11 00
10 copies and postage,.....	5 44
Dues Dr. Denny, ...	1 00
Dues Dr. Nellis,.....	2 00

PERMANENT MEMBERSHIP FEES:

Dr. L. Lanzer,.....	10 00
Dr. W. Mueller,.....	10 00
Dr. K. D. Broga, ...	10 00
Dr. G. J. Olsson, ...	10 00
Dr. E. Irwin,.....	10 00
Dr. W. H. Newcomb	10 00
Total,..... $	79 44
	165 00
Total receipts,...$	244 44

On motion the bills and financial reports were referred to the Auditing Committee. The President appointed the following to constitute such Committee: Drs. Liston, Krausi, Foote, Hubbell and Hill.

The Secretary read the following communication:

NEW YORK, June 24, 1895.

S. A. HARDY, M. D.,

Secretary of the Eclectic Medical Society of the State of N. Y.

DEAR SIR:—

I hereby tender my resignation as a member of the Eclectic Medical Society of the State of New York, the same to take effect immediately.

Respectfully,

ROBERT A. GUNN, M. D.

On motion the resignation of Dr. Gunn was accepted.

Meeting adjourned until 2 P. M.

AFTERNOON SESSION.

Meeting called to order at 2 P. M. by the President, who appointed Drs. Collin, Boskowitz, Hill, Liston, Low and Sutton as a Nominating Committee, their report to be the first order of business on the following morning.

The following essays were read and discussed:

E. B. Foote, M. D.—"Asclepias Tuberosa." Discussed by Drs. Gillette, Willis, Yarnall and Low.

W. R. Hayden, M. D.—"Poisons in Medicine." Discussed by Drs. Liston, Foote and Clark.

S. Jagers, M. D.—"Passiflora Incarnati." Discussed by Drs Hinds, Clark and Gillette.

M. Meyer, Ph. D.—"Urinary Deposits," which he illustrated with very interesting and instructive views with a stereoptican.

E. M. Munice, M. D.—"Orificial Surgery."

F. E. Hill, M. D.—"Specific Medication."

Time prevented the further reading of essays and the following were read by title only:

Anna E. Park, M. D.—"Bread."

L. Lanzer, M. D.—"Surgical Emergencies."

G. W. Thompson, M. D.—"The Practitioner."

C. W. Brandenburg, M. D.—"Hygiene."

O. A. Perine, M. D.—"Vaginal Hysterectomy."

A. W. Herzog, M. D.—"Eye Diseases in their relation to other organs of the Body."

On motion a vote of thanks was tendered to the essayists for the able manner in which they had handled their respective subjects.

President W. E. Bloyer, of the National Eclectic Medical Association was then introduced. He congratulated the Eclectic Medical Society of the State of New York upon the success which had crowned their efforts in procuring medical legislation for the advancement and elevation of the medical profession in this State. He also congratulated them upon the large attendance at the session and the enthusiasm of those present. He stated that it gave him great pleasure to meet the Eclectics of the Empire State in their Annual Convention.

Dr. Borden, President of the Eclectic Medical Society

of New Jersey and a member of the State Board of Medical Examiners was then introduced and addressed the Society.

On motion the Society adjourned to meet at the Hotel Savoy at eight P. M.

EVENING SESSION,

HOTEL SAVOY.

Meeting called to order at 8:30 P. M., by the President.

Report of the Legislative Committee of the Eclectic Medical Society of the State of New York.

Mr. President, Ladies and Gentlemen:

Since our last meeting and before the close of the Legislative Session of 1895 an amendment to the Medical Laws of 1893 was introduced, passed and became a law by the signature of the Governor.

STATE OF NEW YORK.

No. 861. INT. 705.

IN SENATE.

March 20, 1895.

Introduced by Mr. SMELZER—read twice and by unanimous consent ordered printed, and when printed to be committed to the committee on public health.

AN ACT.

To amend chapter six hundred and sixty-one of the laws of eighteen hundred and ninety-three, entitled "An Act in relation to the public health, constituting chapter twenty-five of the general laws."

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section one hundred and fifty-three of chapter six hundred and sixty-one of the laws of eighteen hundred and ninety-three, entitled, "An act in relation to the public health, constituting chapter twenty-five of the general laws," is amended so as to read as follows:

§ 153. Penalties and their collection.—Any person who, not being then lawfully authorized to practice medicine within this State and so registered according to law, shall practice medicine within this State without lawful registration or in violation of any provision of this article; and any person who shall buy, sell or fraudulently obtain any medical diploma, license, record, or registration, or who shall aid or abet such buying, selling or fraudulently obtaining, or who shall practice medicine under cover of any medical diploma, license, record, or registration illegally obtained, or signed, or issued unlawfully or under fraudulent representations or mistake of fact in a material regard, or who, after conviction of a felony, shall attempt to practice medicine, or shall so practice, and any person who shall append the letters M. D. to his or her name, or shall assume or advertise the title

of doctor (or any title which shall show or tend to show that the person or assuming or advertising the same is a practitioner of any of the branches of medicine) in such a manner as to convey the impression that he or she is a legal practitioner of medicine, or of any of its branches without having legally received the medical degree, or without having received a license which constituted at the time an authority to practice medicine under the laws of this State then in force, shall be guilty of a misdemeanor, and on conviction thereof shall be punished by a fine of not more than two hundred and fifty dollars, or imprisonment for six months for the first offense, and on conviction of any subsequent offense, by a fine of not more than five hundred dollars or imprisonment for not less than one year, or by both fine and imprisonment. Any person who shall practice medicine under a false or assumed name, or who shall falsely personate another practitioner of a like or different name, shall be guilty of a felony. When any prosecution under this article is made on the complaint of any incorporated medical society of the State, or any county medical society of such county entitled to representation in a State Society, the fines when collected shall be paid to the society making the complaint, and any excess of the amount of fines so paid over the expense incurred by the said society in enforcing the medical laws of this State, shall be paid at the end of the year to the county treasurer.

§ 2. This act shall take effect immediately.

EXPLANATION. – Matter underscored ——— ——— is new; matter in brackets [ ] is old law to be omitted

The law as thus amended was still unsatisfactory and very early in the session of 1896 an amendment to it was introduced.

STATE OF NEW YORK.

G. O. No. 173. No. 339. Int. 324.

IN SENATE.

January 29, 1896.

Introduced by Mr. NUSSBAUM (by request)—read twice, and by unanimous consent ordered printed, and when printed to be committed to the committee on public health—reported favorably from said committee with amendments and ordered reprinted as amended, and when reprinted to be referred to the committee of the whole.

AN ACT

To amend chapter six hundred and sixty-one of the laws of eighteen hundred and ninety-three, entitled "An act in relation to the public health, constituting chapter twenty-five of the general laws," as amended by chapter six hundred and thirty-six of the laws of eighteen hundred and ninety-five.

The People of the State of New York, represented in Senate, and Assembly, do enact as follows:

Section 1. Laws of eighteen hundred and ninety-three, chapter six hundred and sixty-one, section one hundred and forty-five, as amended by the laws of eighteen hundred and ninety-five, chapter six hundred and thirty-five, entitled 'An act in relation to the public health, constituting chapter twenty-five of the general laws," is amended to read as follows:

§ 145. Admission to examination.—The regents shall admit to examination any candidate who pays a fee of twenty-five dollars and submits satisfactory evidence verified by oath, if required, that he

1. Is more than twenty-one years of age;
2. Is of good moral character;

3 Has the general education required [in all cases after August first, eighteen hundred and ninety-five] preliminary to receiving the degree of bachelor or doctor of medicine in this state;

4. Has studied medicine not less than four full school years of at least nine months each, including four satisfuctory courses of at least six months each, in four different calendar years in a medical school registered as maintaintaing at the time, a satisfactory standard. New York medical schools and New York medical studects shall not be discriminated again t by the registration of any medical school out of the state, whose minimum graduation standard is less than that fixed by statute for New York Medical schools. The regents may, in their discretion, accept as the equivalent for any part of the third and fourth requirement, evidence of five or more years' reputable practice, provided that such substitution be specified in the license;

5. Has either received the degree of bachelor or doctor of medicine from some registered medical school, or a diploma or license conferring full right to practice medicine in some foreign country. The degree of bachelor or doctor of medicine shall not be conferred in this state before the candidate has filed with the institution conferring it the certificate of the regents that before beginning the first annual medical course counted toward the degree unless matriculated conditionally as hereinafter specified (three years before the date of the degree), he had [has] either graduated from a registered college or satisfactorily completed a full course in a registered academy or high school; or had a preliminary education considered and accepted by the regents as fully equivalent, or held a regents' medical student certificate, granted before this act took effect; or had passed regents examinations as hereinafter provided [for degrees connferred in eighteen hundred and ninety-eight, one year of academic work, for degrees conferred in eighteen hundred and ninety-nine, two years academic work, and] A medical school may matriculate conditionally a student deficient in not more than one year's academic work or twelve counts of the preliminary education requirement, provided the name and deficiency of each student so matriculated be filed at the regents' office within three months after matriculation, and that the deficiency be made up before the student begins the second annual medical course counted toward the degree. Students who had matriculated in a New York medical school before June fifth, eighteen hundred and ninety, and students who had matriculated in a New York medical school before May thirteen, eighteen hundred and ninety-five, as having entered before June fifth, eighteen hundred and ninety on the prescribed three years study of medicine, shall be exempt from this preliminary education requiremeut [provided the degree be conferred before August first, eighteen hundred and ninety-five.]

A medical student certificate may be earned without notice to the regents of the conditional matriculation either before the student begins the second annual medical course counted toward the degree or two years before the date of the degree for matriculants in any registered medical school, in the four cases following:

1. For matriculants prior to May ninth, eighteen nundred and ninety-three, for any twenty counts, allowing ten for the preliminaries, not including reading and writing;

2. For matriculants prior to May thirteen, eighteen hundred and ninety-five, for arithmetic elementary English, geography, spelling, Uuited States history, English composition and physics, or any fifty counts, allowing fourteen for the perliminaries;

3. For matriculants prior to January first, eighteen hundred and ninety-six, for any twelve academic counts;

4. For matriculants prior to January first, eighteen hundred and ninety-seven, for any twenty-four academic counts;

But all matriculants, after January first, eighteen hundred and ninety-seven, must secure forty-eight academic counts, or their full equivalent, before beginning the first annual medical course counted toward the degree, unless admitted conditionally, as hereinbefore specified when the deficiency must be made up before the student begins the second annual medical course counted toward the degree.

§ 2. This act shall take effect immediately, except that the increase in the required course of medical study from three to four years shall take effect January first, eighteen hundred and ninety eight, and shall not apply to students who matriculated before that date and who received the degree of doctor of medicine before January first, nineteen hundred and two.

Senate, No. 670.

EXPLANATION —Matter underscored ——— ——— is new; matter in brackets [] is old law to be omitted.

Still not satisfied with the Medical law of 1893 another amendment was introduced in Senate Bill 333.

STATE OF NEW YORK.

No. 333. INT. 318.

IN SENATE,

January 29, 1896.

Introduced by MR. DALEY—read twice, and by unanimous consent ordered printed, and when printed to be committed to the committee on public health.

AN ACT.

To amend chapter six hundred and sixty one of the laws of eighteen hundred and ninety-three, known as the public health law.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The public health law is hereby amended by adding to article eight thereof a new section, to be section one hundred and fifty-four, and to read as follows:

§ 154. Any citizen of the United States who shall have, after a regular course of study, received the degree of doctor of medicine from an incorporated medical school or a medical school connected with an incorporated college or university having a medical department, situate in the United States, in which school the course of study was, at the time such degree was granted, of at least equal length with the courses of study in the incorporated medical schools in this state at that time and shall have subsequently practiced medicine within the United States for at least three years, may, upon production of the diploma evidencing such degree, proof of practicing medicine as above provided, certificate of good moral character signed by the highest officer of the town, city or village in which the applicant shall have lived and so practiced medicine for at least the last preceding year, and payment of a fee of twenty-five dollars, be licensed to practice medicine within this state without examination therefor. Such license shall be issued by the university,

under seal, shall be signed by the president thereof, and shall state that it is signed without examination, upon proof of graduation at a medical school, of three years' subsequent practice of medicine within the United States and of good moral character.

§ 2. This act shall take effect immediately.

EXPLANATION.—Matter underscored ——— ——— is new; matter in brackets [ ] is old law to be omitted.

Assemby Bill 728, known as the Stanchfield Bill provides for four years study of medicine and attendance in four regular courses of medical instruction of not less than six months each.

STATE OF NEW YORK.

No. 728. INT. 653

IN ASSEMBLY,

February 6, 1896.

Introduced by MR. STANCHFIELD—read twice, and by unanimous consent ordered to a third reading and printed, and when printed to be referred to the committee on the judiciary, and placed on the order of third reading.

AN ACT.

To provide for four years' study of medicine and attendance on four regular courses of medical instructions of not less than six months each at legally incorporated medical colleges, preliminary to receiving the degree of bachelor or doctor of medicine.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Candidates for the degree of M. D. in the year nineteen hundred, or thereafter, shall have pursued the study of medicine for a period of four years, and attend at least four courses of medical instruction of not less than six months' duration each, at some legally incorporated medical college, or medical colleges, the last of said four courses having been taken at the medical college conferring the degree.

§ 2. The incorporated medical colleges of the State of New York shall require of all matriculates, except as hereinafter provided, an examination as follows: An English composition in the handwriting of the applicant, of not less than two hundred words, said composition to include construction, punctuation and spelling; two, arithmetic, fundamental rules, common and decimal fractions and ratio and proportion; three, algebra. through quadratics; four, physics, elementary; five, Latin, an amount equal to one year's study.

§ 3. Matriculates or gradulates of legally incorporated medical colleges which require an entrance examination at least equal to the examination as provided in section two of this act, graduates or matriculates of reputable colleges, or high schools of the first grade, or normal schools established by state authority, or those holding medical student certificates granted by the regents of the university of the state of New York, may be exempted from the entrance, or matriculation examination provided for in section two of this act.

§ 4. Students conditioned in one or more of the branches enumerated as requirements for matriculation shall have time until the beginning of the second year to make up such deficiencies; provided, however, that students who fail in any of the required branches in this second examination shall not be admitted to a second course.

§ 5. The degree of M. D conferred by a medical college, incorporated under the laws of the state of New York, shall entitle the holder thereof to appear before the board of medical examiners of the state of New York for examination for license to practice medicine and surgery on payment of the fee provided by law for such examination

§ 6. The provision of four years' study of medicine and four courses of college instruction contained in this act shall not apply to any student who has been duly matriculated in some legally incorporated medical college of the etate of New York before the first day of January, eighteen hundred and ninety seven.

§ 7. All acts or parts of acts, general or special, now existing, not in accordance with the provisions of this act or inconsistent therewith, are hereby repealed.

§ 8. This act shall take effect immediately.

EXPLANATION. — Matter underscored ——— ———is new; matter in brackets [ ] is old law to be omitted.

While under the pretext of extending the course of study to four years it virtually breaks down the fine standard of the Regent's examination and places it in the hands of the individual institutions, thereby virtually wiping out the standard which the Regents have established. The Legislative Committee heartily endorses the resolution passed by the State Socieiy at this morning's session.

Assembly Bill 906 is an Act to abolish the office of Coroner and provides for the performance of the duties now performed by coroner, by physicians.

Senate Bill 494 is an Act in relation to the licensing of Dentists.

Senate Bill 603 relates to the licensing of Pharmacists and assistant Pharmacists.

Assembly Bill 1,163 amends the Act regulating and restricting the practice of midwifery in Erie county.

Assembly Bill 249 amends the law relating to Veterinary Surgery.

Senate Bills 198–253 amend the town law regarding hospitals.

Senate Bill 219 makes an appropriation of $400,000 for the erection of the Collene Farm State Homeopathic Hospital.

(Signed) ROBERT LISTON, M. D.
Chairman Legislative Committee.

On motion the report of the Legislative Committee was received and adopted.

Members and guests then adjourned to the magnificent banquet hall of the Hotel, and to the strains of sweet music, sat down to enjoy the following menu:

Hotel Savoy,
5th AVENUE AND 59th STREET,
NEW YORK.

MENU.

Huitres Pointe Bleue.

Gumbo de volaille, Dom Pedro.

Canape Savoy.

Oeufs d'alose a la Marechere.
Concombres.

Agneau du printemps, Aromatique.
Haricots verts au beurre. Pommes Chateau.

Asperges nouvelles a la Hollandaise.

Terapene a la Maryland.

Sorbet au vin de Moselle.

Caille bardee au cresson.
Salade de laitue et tomate.

Peches d'Alaska, Renaissance.
Fraises au Chantilly.
Petits fours Fruits.
Bonbons. Fromage.
Cafe.

DINNER TO THE
ECLECTIC MEDICAL SOCIETY
OF THE STATE OF NEW YORK.

Mercredi, le 25 Mars, 1896.

THERE WERE PRESENT AT THIS DINNER:

Dr. Arthur Tiel,
Rev. Dr D. A. Blackburn,
Gen. James R. O'Bierne,
Hon. Elias Goodman,
Mr. F. R. Lee,
Hon. Edward Lauterbach,
Dr. Henry Armgardt,
Dr. M. Jackson,
Dr. S. Jagers,
Dr. George W. Boskowitz,
Mrs. George W. Boskowitz,
Mr. H. Cowles,
Mrs. H. Cowles,
Dr. Ella Cameron,
Mrs. J. W. Grindle,
Mr. C. Gross,
Dr. T. Herr,
Dr. W. H. Bowlsby,
Dr. E. Hutchins,
Dr. J. L. Watson.
Dr. H. Phillips,
Dr. I. J. Whitney,
Dr. M. H. Nichols,
Dr. E. B. Foote,
Dr. L. Adlerman,
Dr. C. W. Brandenberg,
Dr. C. Brandenberg,
Dr. Phœbe Low,
Dr. L. Palmitier,
Dr. L. H. Muncie,
Dr. H. Hubbel,
Dr. G. Langdon,
Dr. F. D. Gridley,
Dr. C. Collins,
Miss Collins,
Dr. F. L. Morhard,
Dr. W. J. Krausi,
Dr. M. Meyer,
Dr. L. Lanzer,
Mr. G. Palmitier,
Dr. G. W. Salter,
Dr. I. P. DeFoulk,
Mr. W. H. Lewis,
Mr. J. Clark,
Dr. E. Gissler,
Dr. William E Bloyer,
Dr. P. E. Howes,
Dr. H. Hinds,
Mr. A. Hinds,
Dr. J. Perrins,
Dr. A. Allen.
Dr. M. J. Jackson,
Dr. S. Waterman,
Mr. Albert Frank,
Dr. O A. Hyde,
Dr. M. Cowles,
Dr. T. W. Pomroy,
Mr. H. Brick,
Mrs. H. Brick,
Dr. J. H. Bell,
Dr. D. DiBol,
Dr. L. Cherburg,
Dr. L. Lamberti,
Dr. L. O. Stickle,
Dr. R. A. Toms,
Dr. H. J. Birkenhauer,
Dr. C. Lundbeck,
Dr. R. Liston,
Dr G. W. Thompson,
Dr. S. A. Hardy,
Dr. L. Balcom,
Dr. M. Abramson,
Dr. F. E. Hill,
Dr. E. H. Muncie,
Dr. Z. Moskowitz,
Dr. F. Dressel,
Dr. G. R. Thompson,
Dr. D. P. Borden,
Dr. G J. Olsson,
Mr. A. Evans,
Dr. F. Weinlandt,
Dr. S. D. Jacobson,
Dr. H. E. Waite,
Mrs. C Young,
Dr. O. H. Rhode,
Dr. C. Best,
Dr. J. Royce,
Dr. Byron Clark,
Mr. D. Borden, Jr.
Dr. L. J. Osborne.

All present enjoyed the dinner and the delightful Post-prandial speeches. Dean Boskowitz, acting as toast master, introduced, Dr. Arthur Tiel, to respond to the toast of "Our State Society," Dr. William E. Bloyer, "The National Association," Gen. James R. O'Bierne, "Public Charities of New York," Rev. D. A. Blackburn "Theological Therapeutics," Hon. Edward Lauterbach "The Doctor as a Politician," Dr. P. E. Howes, "Sister Societies," Dr. H. Hinds "Women in Medicine," Dr. Byron Clark, "The Country Practitioner," Dr. R. Liston, "Our Pioneers," Hon. Elias Goodman "Our City."

Members and guests lingered until the wee small hours, and voted the banquet a glorious success.

SECOND DAY.

Meeting called to order at 10 A. M. by the President.

On roll call the following permanent members and delegates responded to their names.

PERMANENT MEMBERS:

Dr. H. Armgardt,	Dr. J. L. Lynch,
" G. W. Boskowitz,	" L. Lanzer,
" W. H. Bowlsby,	" C. Motschenbacher,
" J. H. Bell,	" Z. Moshkowitz,
" C. Collin,	" M. H. Nichols,
" F. A. Carpenter,	" J. P. Nolan,
" L. Cherburg,	" W. H. Newcomb,
" H. Carey,	" G. J. Olsson,
" I. P. DeFaulk,	" A. E. Park,
" F. Dressell.	" T. W. Pomroy,
" E. B. Foote,	" O. A. Perine,
" F. D. Gridley,	" J. A. Rega,
" G. O. Heffter,	" G. A. Reinhardt,
" H. C. Hinds,	" O. W. Sutton,
" L. E. Horton,	" G. W. Thompson,
" O. A. Hyde,	" A. R. Tiel,
" S. A. Hardy,	" A. W. Tompkins,
" E. Irwin,	" W. L. Tuthill,
" M. J. Jackson,	" L. de Venoge,
" S. Jagers,	" J. L. Watson,
" W. J. Krausi,	" H. E. Waite,
" F. H. Lawrence,	" I. J. Whitney.
" R. Liston,	" A. Wilder,

Phœbe Low.

Total, 47.

DELEGATES:

Dr. L. Balcom,	Dr. L. Adlerman,
" Carrie Brandenburg,	" L. Lamberti,
" C. W. Brandenburg,	" C. J. Lundbeck,
" J. T. DeVoe,	" H. T. Kinsman,
" M. Grant,	" L O. Stickel,
" J. M. Harding,	" G. W. Salter,
" A. W. Herzog,	" C. Simon,
" G. Hargest,	" G. Vailliant,
" S. D. Jacobson,	" M. Wolf,
" F. Kahlenburg,	" J. H. Yarnall.

Total, 20.

The credentials of Drs. Howes and Allen, delegated from the Massachusetts Society, were received and accepted.

The Nominating Committee reported as follows:

For President, F. H. Lawrence, M. D.
For Vice-President, L. Lanzer, M. D.
For Secretary, S. A. Hardy, M. D.
For Corresponding Secretary, E. B. Foote, M. D.
For Treasurer, Phœbe Low, M. D.

BOARD OF CENSORS.

1st District, G. W. Thompson, M. D.
2d " F. E. Hill, M. D.
3d " A. R. Tiel, M. D.
4th " C. Collin, M. D.
5th " Robert Liston, M. D.
6th " G. A. Reinhardt, M. D.
7th " L. E. Horton, M. D.
8th " Lee H. Smith, M. D.
College, O. A. Hyde, M. D.

STATE BOARD OF MEDICAL EXAMINERS TO REPRESENT THE ECLECTIC PRACTICE.

J. P. Nolan, M. D.	E. M. Manwaren, M. D.
A. R. Tiel, M. D.	H. Hubbell, M. D.

On motion the report of the Nominating Committee was accepted and the Society proceeded to ballot.

Drs. Krausi and Bowlsby were appointed tellers and announced the result as follows:

For President, F. H. Lawrence, M. D.
For Vice-President, L. Lanzer, M. D.
For Secretary, S. A. Hardy, M. D.
For Corresponding Secretary, E. B. Foote, M. D.
For Treasurer, Phœbe Low, M. D.

BOARD OF CENSORS.

1st District, G. W. Thompson, M. D., New York City.
2d " F. E. Hill, M. D., Brooklyn, N. Y.
3d " A. R. Tiel, M. D., Matteawan, N. Y.
4th " C. Collin, M. D., Middletown, N. Y.
5th " Robert Liston, M. D., Albany, N. Y.
6th " G. A. Reinhardt, M. D., Buffalo, N. Y.
7th " L. E. Horton, M. D., Avoca, N. Y.
8th " Lee H. Smith, M. D., Buffalo, N. Y.
College, O. A. Hyde, M. D., New York City.

STATE BOARD OF MEDICAL EXAMINERS REPRESENTING THE ECLECTIC PRACTICE.

J. P. Nolan, M. D., New York City.
A. R. Tiel, M. D., Matteawan, N. Y.
E. M. Manwaren, M. D., Oswego, N. Y.
H. Hubbell, M. D., Stamford, N. Y.

They having received the unanimous vote of the Society the President declared them elected.

President W. E. Bloyer of the National Eclectic Medical Association, Drs. Howes, Allen and Perrins representing the Massachusetts Eclectic Medical Association, Dr. D. P. Borden, President of the New Jersey Eclectic Medical Society, and Dr. J. H. Berry, ex-Vice-President of the California Eclectic Medical Society, each in turn addressed the Association, expressing their satisfaction at the large

attendance, enthusiasm and good work which our Society was accomplishing.

Dr. Liston moved a vote of thanks to the Eclectic Medical Society of the City and County of New York for the magnificent manner in which they had entertained the Society at their banquet on the previous evening. Carried.

Dr. Foote moved that a vote of thanks be tendered Dr. Howes for the efficient manner in which he had made the arrangements for the trip to the National.

On motion of Dr. Thompson a vote of thanks was extended to the drug houses for their display of drugs and chemicals.

Dr. Boskowitz extended an invitation to delegates and members to visit the Eclectic Medical College in East 14th Street, which was accepted.

Dr. Bell offered the following resolution, which was adopted:

That the Eclectic Medical Society of the State of New York recommend to the Board of Regents of the State of New York the names of George W. Boskowitz of New York City and Orlando W. Sutton of Bath, N. Y., members of this Society, for the Regent's Honorary Degree.

Dr. Alexander Wilder, for many years Secretary of the National Eclectic Medical Association entering at this time, was invited to the platform. He said he had been a member of the New York State Eclectic Medical Society from its institution. That he believed in Eclecticism and that it would be the school of the future. He also spoke of the difficulties of the early Eclectics.

Dr. Boskowitz moved that the dues of Dr. Wilder be remitted from now on. Carried.

It was regularly moved and seconded that the next meeting of the Society be held in New York City. Carried.

SECRETARY'S REPORT:

Mr. President and Members of the Society:

Supplementing the Financial Report which I made yesterday morning, I wish to report in regard to the Transactions:

The sale of Transactions has been far from being satisfactory. At the last meeting of the Society your Secretary reported 26 copies of Transactions paid for, out of 149 delivered, leaving 123 copies for which no return had been made. Since that report, your Secretary has sold 5. Four have been returned, and 27 copies paid for, making 36 copies, leaving 87 delivered, for which no return has been made.

The total receipts to date are $29.00. When it is considered that 400 copies were ordered, which cost the Society $800.00, it is a very small return for such a large outlay of money.

It is quite evident that the extremely light sale was largely due to the very long delay in delivering the Transactions to the Society, as nearly three and one-half years intervened between the date that they were ordered and their delivery to the Secretary of the Society.

In membership the Auxiliary Societies have made some increase over the last report.

Kings County Society, the youngest of the Auxiliaries, again is the banner Society, showing an increase over last year of 50 per cent., making a net gain of 8 members.

One reason for the slow growth of Auxiliary Societies is that some years ago it was deemed wise to divide the State into districts, thereby hoping to stimulate a more rapid growth in membership; but it had the contrary effect. The Auxiliary Societies are too far apart to make it practical for those physicians to attend whose residence is not in the locality where the meetings are held.

When a student graduates from college, and does not join the Medical Society of his locality, or if he is so un-

fortunate as to locate where there is no such Society, he soon loses touch with his fellow Eclectics and forgets the School which gave him his education. He loses the fellowship of the Society meetings; the discussion of essays; the report of interesting cases and the many valuable hints and suggestions which are given by the older and more experienced practitioners, and soon finds himself years behind his medical brothers in experience and the latest and most scientific methods of the diagnosis and treatment of all the ills to which the human body is heir. Most of the graduates realize this and would be only too glad of an opportunity to join a Society, if one could be found in their locality. It would seem that some effort should be made to assist in forming such Societies, and to arouse a more active interest in the cause of Eclecticism.

It is largely due to the State Society and its representatives that we have a State Board of Medical Examiners, in which each School is represented, and which is by far the best medical law the State has ever had. And it requires constant vigilance and oversight by the representatives of the Society to see that the law is not repealed or amended in any way, by which its efficiency might be lessened or or annulled, or whereby the integrity of our diplomas could be called in question.

The task being devolved upon the State Society, it clearly demonstrates the necessity of the Society having the earnest support of every liberal minded practitioner in the State.

To accomplish that end your Secretary would suggest that a committee on propoganda be appointed to prepare a resume of the present state medical law, the status of Eclecticism in the State, the admirable showing made by the Eclectic students before the State Board of Medical Examers and the necessity of forming Auxiliary Societies in every locality. and securing the active support of every Eclectic

physician in the state. That it shall be published as a supplement to the minutes, and that the Secretary shall be authorized to send a copy to every Eclectic physician within the jurisdiction of the State Society

SAMUEL A. HARDY, M. D.
Secretary.

On motion the Secretary's report was adopted.

The following letter was read from Dr. Hayden:

BEDFORD SPRINGS, Mass., March 26, 1896.

G. W. BOSKOWITZ, M. D.

My Dear Doctor:

I had fondly hoped to have been with you to-day and had made all arrangements to do so, but while speaking before the House on Monday I was suddenly stopped by a fit of severe vomiting. I was in bed all day yesterday but am able to be up to-day. I sent you a short paper yesterday, which please have read for me. My regret is greater than yours that I am not with you and the Society on this happy occasion. Please present my special regards to each member of the Society and my congratulations for the grand move which they have made.

Fraternally Yours,
W. R. HAYDEN.

Dr. W. L. Tuthill spoke of the status of Eclecticism and of the success which had crowned the efforts of the school in securing equitable medical legislation; that he felt a personal interest in the good of the cause.

The finance committee reported the bills correct and on motion they were odered paid

Dr. Thompson offered the following resolution which was unanimously adopted:

Resolved, That any physician in good standing who has been a member of the State Society or a member of a County Society that has ceased to be an Auxiliary of the State Society, may regain membership in this Society by joining any other Auxiliary in the County in which he resides, or if none exists, the nearest Society convenient for him, or by a vote of two-thirds of the members of this

Society and the payment of one dollar annually to the Secretary, said member becoming an active member the year following the presentation of his name to the Society as provided in the Constitution governing new members; nothing in this resolution to conflict with the Constitution or By-Laws.

The President appointed the following committee on propaganda: Drs. G. W. Boskowitz, E. B. Foote, S. Jagers.

Drs. Foote and Liston were appointed installing officers and they proceeded to install the newly elected officers.

On motion of Dr. Boskowitz the Society extended a vote of thanks to the Press of New York City.

Dr. Bell moved that a committee of three be appointed to arrange for the publication of a volume of Transactions, and that the expense to the Society be limited to $100. Carried.

Dr. Boskowitz spoke at some length on this resolution, urging the necessity of a volume of Transactions and agreeing to raise the necessary funds by voluntary subscription, if need be.

Drs. Boskowitz, Foote and Liston were then appointed as the Committee.

Dr. Tiel moved that two delegates be appointed to represent the Society at the annual meeting of the Massachusetts State Eclectic Medical Society. Carried.

The President appointed Drs. A. R. Tiel and G. W. Thompson. Alternates: Drs. I. J. Whitney and Robert Liston.

On motion of Dr. Bell an order for the Secretary's salary was drawn on the Treasurer.

The President appointed the following Committees which were approved by a unanimous vote: Legislative Committee—Drs. Robert Liston, G. W. Boskowitz, Lee H. Smith. Advisory Committee—Drs. G. W. Thompson, W. H. Bowlsby, L. E. Horton.

On motion the President appointed the following vot-

ing delegates to the National Convention: Drs. G. W. Boskowitz and E. M. Manwaren.

The Society extended a vote of thanks to the retiring officers.

Motion made to adjourn. Carried.

SAMUEL A. HARDY, M. D.
Secretary.

F. H. LAWRENCE, M. D.
President.

PART II.

PAPERS READ

BEFORE

The Eclectic Medical Society

OF THE

STATE OF NEW YORK.

"VIRES VITALES SUSTINET."

BY WILLIAM R. HAYDEN, M. D.

Mr. President and Members of the Society:

I congratulate you most sincerely on your new departure from your old quarters and surroundings, and also upon your new and better selection. Your light should never have been hidden under a half bushel, but should shine among men and illumine the world.

Surrounding conditions and iufluences not only affect the bodies of men, but they either depress or elevate the mental character, and I have no doubt but that your changed condition will be manifested in your acts. Here in this beautiful hall; in this magnificent city—the pride and glory of the new world—progressive physicians will come from all climes and be glad to pay court to you.

The Press of New York is not surpassed or equalled by that of any other part of the world, and they will welcome you here. Their silent and eloquent pens of the night will speak to millions of intelligent people in the early morning, and your words will be known by all civilized men beyond the seas.

The cannon shot fired in Africa is heard by the press in this great city before its vibrations have been lost in the atmosphere from whence it came. The Press is a living force that moves the globe of thought and expression; and nowhere is this truth more forcibly demonstrated than in the city of New York.

Mr. President, for the reasons which I have given you and many others, this city should always be the meeting place of this Society; it will give you a prestige that no country village, however pretentious and assuming, could do.

No man can come to the empire city—the metropolis of

the new world, and go away again—no matter how brief may be his visit, without being well repaid for all of his time, trouble and expense; in viewing its activities—its masterly enterprise and its gorgeous magnificence,—a city of palaces by the sea,—a city of millionaires, a mart, of merchant princes whose wealth is a golden dream. Hence, Mr. President, I congratulate you that you have come to this electric center, to exchange your thoughts and view its magnificent pageantry.

With this introductory let me change the subject and approach one of vital importance to you, sir, to me—and to every one within the sound of my voice.

"VIRES VITALES SUSTINET."

What more important injunction can be given to humanity: "Keep up the vital forces," and unless you act upon it, what hope have you for health, happiness and life?—none whatever. Riches, glory, pomp and power are but dross and worthless in comparison. Health and happiness are the essence of love, and all we have to live for in this life or in the world to come. While you preach one thing do not practice another, as too many do.

We live, move and have our being through nervous force, and in no other way. If you make an electric wire a non-conductor of electricity, do you expect to obtain a current? If you cut or otherwise injure the pneumogastric nerve, do you expect digestion to go on and assimilate your food? If you do you will be woefully mistaken. You may ask, why not? I answer, because you have made that nerve a non-conductor of nerve force or nerve aura, and digestion cannot and will not take place; you have destroyed its conductibility. The power or office of this nerve may be impaired and destroyed without any organic lesion, by many poisonous drugs, sedatives and depressants, and it is by their employment that much sickness, misery and death are caused.

The relief of internal pain is usually effected by narcotics, sedatives and poisons, which act directly upon the nerve and its sheath, cutting off or lessening sensation. The patient is gratified when afforded relief from suffering, but he is seldom aware at what a dear cost he has found his nepenthe; if so, he would rather have borne the ills he had, than to have accepted those which have given him temporary relief.

The popular remedies of the day are called antipyretics, and they have many names, but all of them without exception, are pernicious and dangerous, and should be avoided. The only wonder to me is that intelligent physicians should employ them so much and make them their sheet anchor in most complaints which are caused by irritation and inflammation. We complain of soothing drops and syrups, which are dependent for their efficacy upon opium, morphine, chloral and cocaine, yet a large majority of the medical profession do not hesitate to employ them freely.

The German nostrums with which this country is flooded—antipyrine, antiebrine, phenacetine, salol and any number of coal tar derivatives, are more dangerous and kill more people than opium, for the victim does not appreciate his hazard until *too late*. It is true that opium, morphine, chloral and cocaine will kill more quickly than the German poisons, which are sure to get their work in if they only have sufficient time.

The *modus operandi* of the so called antipyretics is to lessen the flow of nerve force, or aura from the brain; the result is to weaken the whole body by impairing nutrition and assimilation; constipation is induced; the action of the mucous and serous membranes are lessened; the capillaries are deranged; the kidneys and all the viscera are impaired in their various offices; the brain, the citadel and fountain of all thought and action suffers more directly and severely than any other part of the body. It is the battery from which flows all nervous power; when the brain weakens the heart

sympathizes, and that organ which works by day and night without rest, must not stop for a single moment, for if it does life's fitful fever is over, and our kind physician writes, "heart failure," and there an end.

The stomach has failed to furnish the pabulum for the brain, and the brain in its turn has failed to furnish nerve force to keep up the action of the poor jaded heart. The doctor, instead of writing "heart failure," should have written died from too much German nostrums; too much coal tar products; too much antipyrine, antifibrine and phenacetine. Oh, that we have eyes and see not, ears and hear not!

While surgery is making great strides in science, what progress is the physician making in the *Materia Medica*? I wait for an answer, but it comes not.

The latest fad, which was ushered in with a great blast of trumpets,—antitoxin; the next thing to a specific in that dreaded disease, diphtheria, now languishes in disgrace, and if all reports from reliable sources are true, antitoxin is fast going to the grave of Koch's tuberculine and Brown Sequard's testicular juice.

It does seem to me, Mr. President, that some men have eaten of the insane root. Dr. Hammond's meat extracts and Dr. Edson's consumption cure are in order for free advertising. We have enacted doctor's bills and pharmacy bills, yet with them, all of the German coal tar nostrums still flood the market and go hand and hand with *death*.

Mr. President, I turn with a sense of relief from the consideration of the so called antipyretics to a higher phase of practice.

PREVENTIVE MEDICATION, without medicine—without poisonous drugs. I would not have you misunderstand me, for while I condemn with all my soul the employment of poisons in medicine, I have great and increasing faith in harmless medication and I am as much in sympathy

with our art, as any honest man in any school of practice. I have great respect and love for the medical profession, and no men deserve it more; but I am not in love with their fallacies nor their fads, and I should not be true to them nor to myself if I did not raise my voice against them.

Some three weeks since a bill came up in the Massachusetts legislature of more than ordinary interest to every parent. The object of the bill was to reduce the school term from forty to thirty-eight weeks. I objected to a term of thirty-eight weeks and suggested that it be only thirty-six for the following reasons: First, our school children are much overworked by too many studies; the force that should be used in digestion is used up in overstudy; the brain becomes exhausted and the whole body sympathizes and suffers. Many of the children in cities go into the country for their vacation; they have change of air, water and food, also in their recreation. In a few weeks they return again to the city; the school reopens on the first of September, which is often as hot as any other month in the year; the children have just begun to recuperate; the rose is taking the place of the lily in their cheeks; then comes another change in their habits, their diet, water, food and air. They are forced into school, many of them will have attacks of diarrhoea, dysentery and malarial fever.

They are in a negative condition and very susceptible to any disease, and their teachers who have been worn out during the session are not in a much better condition. The children go on with their process of cramming; their digestion is impaired, and the lily again takes the place of the rose on their cheeks; appetite becomes poor and they suffer more or less from various ailments. The proud parent does not see anything but the child's success at school, and the period of its tuition is passed. The face is pale—a hectic flush takes the place of the rose—a hacking cough is the next stage; the mother is alarmed and the doctor is called. Iron and fish oil are prescribed for a weak and disordered

stomach to wrestle with. Consistency is a jewel. If the child is a daughter she often succumbs from exhausted vitality and tuberculosis finishes the work. If she masters the disease and recovers, the chances are that before, or by the time she is twenty-two years of age she is married. If she should enter the state of motherhood, her own system having been impoverished, she has but little vitality to give her offspring and it pays the penalty of its mother's exhaustion, dies, or is a sickly and weak child; a burden to its parents and itself; or again, its mother is not equal to maternity and she leaves an orphan to the tender mercies of one who can never take the place of a fond mother.

My experience must have been the experience of many of you. Need I say that my suggestion was not accepted by the Massachusetts legislature, and the term of forty weeks was insisted upon. Alas! Alas! ambition o'erleaps itself. I have brought this matter before you because I believe it is one which you can improve by your advice.

What I would suggest is, that the school term be thirty-six weeks, and that the term commence on the first day of October; that the amount of studies be lessened and classified; that the primary instructions always precede more advanced studies; that the ordinary English branches be acquired before the study of Latin, Greek, French, algebra, and geometry are commenced; that these studies be optional with the pupil, and if accepted, they should constitute a separate and final course.

By such a system overstudy and exhaustion would be avoided; the child would be more proficient in the elementary branches; valuable time, health and strength would be saved and life prolonged.

BEDFORD SPRINGS, Mass.

New Methods of Diagnosis and Treatment of the Stomach.

BY E. M. MANWAREN, M. D.

Mr. President and Fellow M. D's.:

This subject, which by your courtesy, it is my privilege to introduce for discussion to-day, is one so full of interest and importance to physician and surgeon alike, that I approach it with fear and trembling, conscious of weakness when comparing my feeble efforts with those which others of greater ability might have made for your enlightenment.

Having accepted your invitation I shall discuss the practical value of the newer methods employed in the examination and treatment of the stomach diseases, and indications for diet as a result of such examinations, with a view to stimulate in the profession a more careful and scientific insight into available methods of diagnosis and treatment of stomach diseases.

Through the methods of physical diagnosis we are enabled to recognize many important pathological conditions of the stomach, as we may detect a tumor, a displacement, etc., etc., but to understand the functional diseases of this organ it is requisite that we obtain the stomach contents in a definite manner and subject them to a very careful examination; the results thus obtained will throw more light upon the nature of the diseased conditions and lead to a correct conclusion; in fact, we are frequently obliged to rely entirely on the examination of the contents of the stomach, other methods having failed to aid us in diagnosis. This is particularly true in certain catarrhal cases and also in atrophic conditions of the gastric mucus membrane.

The examination of the stomach contents enables us to detect not only disturbances of secretions but also motion and absorption. The methods of obtaining, and some points

concerning examination of stomach contents can also in but a brief manner be touched upon in this paper.

To understand the disturbance of digestion, it is necessary to be familiar with the normal process so as to establish a standard of unity by which we could measure their direction. The fluctuations occurring in normal digestion in different persons and under varying physical conditions, make it difficult to establish such a standard, but physiologists have united to solve this question so as a result of experiments, the normal digestion of food is well known.

With the discovery of free hydrochloric acid in the gastric mucus by Prout in 1824 and the demonstration of pepsin by Schwam in 1834, the first data for an ultimate and more thorough understanding of the physiological as well as the chemical functions of the stomach were given. These discoveries with those of Reameur and Spallauzain formed the foundation upon whose structure ultimate gastric pathology was to rest and to which Modern Medicine points with just pride.

Ewald in his well known work has said: "That the way to pathology is by and through physiology," and the more we deal with this subject the more firmly are these truths impressed upon our minds. It is not the study of the peptonizing functions alone which claim our attention, but it is the proper understanding of the entire work which is performed in this human laboratory including a large proportion of the alimentary canal and a thorough appreciation of the relations which each of the functions bear to the other, that makes a rational anatomical diagnosis, and indicates the treatment possible, and in many cases, positive. While we may not be able from this discussion to draw positive conclusions, it will be the endeavor of all who take part in it to treat the subject without prejudice for the better understanding of the profession in general who have not yet given it the amount of thought or study required, or sufficient to estimate the relative value of these newer and more scien-

tific methods of examination of diseases of the stomach and digestive tract.

History of the Stomach Tube: It is a fact firmly established and beyond controversy that the stomach tube had been used for various purposes before 1869; it was Kussmaul, who in the same year, became the pioneer in the treatment of stomach diseases by the use of the tube. He took advantage of the tube, which had for some time been in use for emptying the thoracic cavity in cases of empyemia in America. Leibermaster prophesied that it was to mark an epoch in the treatment of stomach diseases, especially those of a chronic character, and surely his prophecy has proven true.

Leube, in 1871, first recommended the stomach tube for purposes of diagnosis, since which time a band of earnest workers in Europe headed by Leube, Kussmaul, Hersch, Salkowski, Opienski, Rosenwieg, Sjoyvits, Steinslosse, Hallopean, Boas, Rosinheim, Freidenwald, Mathier, Ewald, Strauss, Vornmiring, Bozzolo, Gillispie and Von Noorden; and in America. Stockton of Buffalo, and Elsner of Syracuse, with whom I have the honor of a personal acquaintance. Engelhart, McDonald, Stewart, Kinnecut, Einhorn—these men have done much to clear the way for a thorough discussion of the question with which we are dealing to-day.

To those who are interested in research of this subject I refer you to any of the well known authors named above, who treat the subject in a much more exhaustive manner than it would be possible for me to do, even did time and space allow. Therefore my aim will be to occupy my time by calling to your attention simply the general outlines of the use of stomach tube and examinations of the gastric fluids.

My first advice to you is to make a careful physical examination of your patient before attempting the introduction

of the tube, and if you find any of the following conditions exhibited do not attempt the use of the stomach tube.

CONTRA CONDITIONS:

1. Cardiac diseases—angina pectoris; Neurosis of the heart:—Myocarditis.
2. Anuerisms of the large arteries.
3. Recent hemorrhages of any character.
4. Advanced pulmonary phthisis.
5. Advanced bronchial catarrh with emphysema.
6. Apoplexies and cerebral hypermia.
7. Gravity.
8. Continuous or remittent fevers.
9. Advanced cachexia.

CASES WHICH CAN BE DIAGNOSED WITHOUT TUBE:

1. Palpable pylorus; *carcinoma* with vomiting of coffee ground material and the rest of the classical signs of *carcinoma*.
2. Ulcers and hemorrhages.
3. Acute febrile, gastric and intestinal catarrh and secondary affections of the stomach whose relations to the primary disease can be very easily recognized.

Having satisfied ourselves that none of the conditions existed to prevent the use of the tube with safety, we instruct our patient to partake of a test meal, consisting of course of what we determine upon by obtaining a history of his case; my preference being two ounces of stale wheat bread and six ounces of water taken first thing upon arising in the morning. Instruct the patient to report one hour and a half following his meal. Setting the patient in a straight backed chair, a piece of rubber cloth on the floor to protect your carpet; a large towel about the patient's neck and one upon his lap; we then dip the tube in warm water and carry it back against the posterior pharangeal wall instructing the patient to swallow; we gently push the tube downward at each deglutition. We then have contraction of the abdom-

inal muscles caused by the patient. Uusually a few efforts will be sufficient to secure all that is necessary of the fluids to make our test.

Should the contents be thick and ropy, owing to a catarrhal condition we pour in a few ounces of sterilized water at a temperature of about 110 deg. by allowing the tube to fall down, we siphon out what we desire.

Having handed the sample to our assistant, proceed to wash out the stomach of our patient by the use of from two to four quarts of tepid water, putting in what can be borne without distress, repeating the process until the liquid is perfectly clear. We then direct our patient to save all urine voided during twenty-four hours, sending it to our office when obtained, and admonishing him to live plainly but well; we now dismiss him with a parting injunction to call again in forty-eight hours when quite likely we would be able to express our opinion of the trouble.

On inspection of the fluid we notice the presence of bile, blood or pus, excess of mucus, etc., etc., etc. The odors of acetic and butyric acids are easily distinguished from that of normal contents. It is very essential to notice whether the solids exist in the form of a fine powder or in lumps; whether they quickly settle at the bottom of the glass or are held in suspension by the tenacious mucus. The excessive quantities of this mucus contained in specimens of catarrhal gastritis also produces a characteristic appearance of the stomach contents, solid particles of considerable size slowly disentangle themselves from the thick mucus layer floating at the top and gradually descend to the bottom through the turbid fluid.

The process of fermentation can be easily observed by the odor and by the bubbles of gas arising to the surface. The absence of fermentation or decomposition after preserving the specimens for a considerable time indicates a large percentage of HCL. We now proceed to the chemical examination; First, ascertain in the reaction by litmus

paper if acid exist—the presence of free acid, mineral or vegetable is next determined by the aid of congo paper, or a solution of congo. Although the latter is more sensitive, for practical work the paper is by far preferable. The change of the red to blue coloring matter indicates the presence of free HCL, lactic, acetic or free acid, but does not determine their nature.

Free HCL acid is best ascertained by Gunzburg's reagent, which contains Phloroglucine 20 Vanillin 1–0 and absolute alcohol 30–0; this is a reagent having a light yellow color but turns a beautiful red when heated moderately; mixed with equal quantities of gastric fluid containing only minute quantities of free HCL.

Resorcine recommended by Boas in proportions of 5 grams to 100 dilute alcohol and 3 of cane sugar is a very sensitive reagent turning a bright red when free HCL is present. Methyl violet formerly used extensively as a reagent for free HCL does not possess the advantages that are claimed for it.

Having determined the presence or absence of free HCL we now proceed to test for lactic acid. This is usually accomplished by Uffleman's reagent 10 c.cm of 4 per cent. solution of carbolic and 20 c.cm of water; 1 drop of aqueous ferric chloride solution form an amethyst blue mixture when freshly prepared. It turns a greenish yellow upon adding the lactic acid. A very dilute watery and almost colorless solution of ferric chloride solution turns a greenish color in the presence of the same acid. The occurrence of this reaction with the filtered stomach contents does not always indicate the presence of lactic acid nor does the want of a reaction show its absence. It is advisable to extract the acid by means of ether and test the residue by Uffleman's reagent.

The method of proving the presence of acid by forming the zinc salt recommended by Boas, though a thorough and most accurate one, is not practicable for clinical purposes.

Acetic and butyric acids are recognized by their odor. The etherial residue shows on addition of dilute solution of ferric chloride a deep blood color if acetic acid is present. The same extract neutralized and heated with sulphuric acid and alcohol has the characteristic odor or acetic ether.

Butyric acid is recognized in the etherial residue by addition of calcium chloride, the acid separating in the form of minute oil drops. *Phenophathaline* is the best reagent for the determination of general acidity.

The digestive test will decide the question of the presence or absence of a pepsin nature. The addition of equal parts of neutralized gastric contents to *neutralize* milk enables us to prove the presence or absence of rennet ferment.

Having neutralized the free HCL we dip a strip of congo paper into the liquid to be tested. A blue discoloration would indicate the presence of free lactic acid, butyric and acetic being recognized by their odor.

Further addition of one-tenth normal soda solution would then be required until congo fails to show any reaction. The quantity of alkali added would indicate the proportion of lactic acid present. A few drops of the Phenophathaline are now added until a slight red discoloration indicates the neutral reaction of the fluid under examination. The entire quantity of one-tenth normal soda solution required indicates the total or general acidity due to free and combined acids and that of acid salts.

If the action of the congo were negative after neutralization of the free HCL then add Phenophathaline and you will arrive at the total acidity as determined above.

In some cases both the congo and Gunzburg's tests will indicate the absence of free HCL and free organic acids.

The addition of one-tenth normal HCL is required when it is necessary to add normal HCL it is requisite that it be carefully dropped in until congo paper dipped in the specimens shows a faint blue discoloration and should Gunzburg's reagent at this moment show the presence of free

HCL we may safely say that there is no organic acid present. But, if Gunzburg's reaction show them to be negative, while congo indicates the presence of free acids, we would be obliged to continue one-tenth normal HCL until Phlorogluein vanillin indicate free HCL.

The quantity of one-tenth normal HCL required indicates the quantity of lactic (or organic) acid contained in 5 c.cm of specimen. The difference of the total acidity and that due to lactic acid indicates the amount of free HCL contained.

I may say here that for all practical purposes, the acidity due to acid salts is of no consideration. If we examine the specimen of the stomach contents obtained one hour and a half following Ewald's trial breakfast, i. e. bread and water has been taken.

In case the congo reaction should be positive and Gunzburg's negative, the free organic acid triturated with one-tenth soda solution until congo reaction fails and the total acidity is determined by means of phenophathaline to a second specimen one-tenth normal HCL solution is added until Gunzburg's reagent demonstrates the presence of free HCL the sum obtained by adding the quantity required to neutralize the free acids and gain a positive reaction with Gunzburg's reagent denotes the amount of lactic acid present. The difference between the total acidity and that due to lactic acid indicates the quantity of HCL.

Accepting one-fifth to 2 pro mille 2 to 5 to 1000 parts to be the normal amount of HCL contained in the stomach contents one hour and a half after Ewald's trial breakfast, we are enabled to determine rapidly an excess or deficiency of this acid. By the ordinary tests and trituration lactic acid is not found in normal specimens obtained one hour after administration of Ewald's trial breakfast.

Fuh's says, "in consequence of the diagnostic importance attached to the presence and quantity of lactic acid

in such specimens Uffleman's reagent should not be relied on, but a careful trituration carried on in every instance.

TEST FOR STARCH.

A dilute solution of iodine produces a more or less blue violet color with dry starch, either hydrated or in solution. The color disappears upon the application of heat and returns upon cooling. If a solution of starch blued by iodine with addition of natural salt in a liquid form there separates a blue flocculent deposit of the so-called iodide of starch. We base our opinion of course in making the iodine test for starch upon the excessive amount obtained by the reaction, and right here permit me to refresh your memory, that starch has not been found in the human system outside of the alimentary canal perquisite to absorption; it must be converted into dextrine and glucose. The greater part of the starch taken with the food passes into the small intestine unchanged. Here under the influence of the pancreatic ferment the most complete transformation into glucose and a portion into lactic and butyric acids take place. If, however, the diet be abnormally rich in starch a portion is wasted, passing out unchanged in the faeces.

MICROSCOPIC TESTS.

In the time allotted me I can only mention its uses and importance. Familiarize yourselves with its use, studying the instructions laid down by such authors as Cajal Schaeffer; Alezaris, Desstravas, Kolliker, Baker, Dogiel, Sulaeberth, Vangehuchton, Berkeley of Baltimore; Williams of Iowa City; Gage of Cornell university; Piffard, Whitfield, Brown and Paul Geiber of New York. Become so accustomed by practical research that you can discriminate and differentiate, between shreds of gastric ulcers and mucus membrane which we frequently find in advanced stages of ulceration and carcinomatous infiltration.

I think from what has been said of the practical results

of examinations of the stomach contents you are able to draw your own conclusions without further infliction from me. Certain it is that by the newer methods we are enabled to understand and know just what the stomach is doing, what is deficient and what is in excess.

No case of chronic disease of the stomach in which there is the least bit of doubt as regards the character must fail to receive a thorough examination.

We as physicians should thoroughly acquaint ourselves with the workings of the stomach of our patients who suffer from stomach troubles. Not only for our own enlightenment but for the greater satisfaction of our patients.

DIET AND TREATMENT.

It naturally occurs to us in considering the question of the chemical value and microscopical examinations in diseases of the stomach to enquire into the indications which have been offered for diet, and treatment as an outcome of such study.

There is no longer any doubt but that that the dietetics and therapeutics of gastro intestinal diseases have been placed on a more solid and scientific foundation by these newer methods.

We are rapidly advancing since the introduction of the stomach tube, and we are as a school of medicine to achieve the grandest success having so noble a materia medica at our command equaled by no school of medicine in the world.

It is not within my province to dilate upon these subjects but simply to add my observations which seem to indicate after considerable study on the work we have been doing in this paper.

First, it needs no comment to prove that an exact diagnosis has therapeutic advantages.

Second, well have we learned from our recent research and studies that the most important treatment of stomach disorders and diseases must necessarily remain largely

dietetic and depend for successful administration upon the chemical constitution of the digestive fluid, whether it be hyper acid, anti acid, or normal.

Without such knowledge we are groping in the dark, unscientifically and unsuccessfully. What the dietetic requirements are each case will indicate for itself if the stomach contents are chemically and microscopically examined. The satisfaction which a physician feels in outlining a diet which he knows will positively find a suitable reception, and ultimate assimilation must be sufficient recompense for any extra time which he has consumed in a study upon the case.

It would be as foolish to give a patient with hyperacidity a diet consisting of starchy food. as it would be unwise and fatal to give meat diet to one without a digestive fluid containing the necessary HCL for its digestion.

Even since the discovery of the fact that pepsin and hydrochloric acid are the important constituents of the gastric juice, physicians have been giving these in many cases without reference to pathological conditions of the stomach or the chemical composition ot the secretions which they are expected to modify or increase.

To-day when it is so easy to ascertain the condition of the digestion, drugs more particularly pepsin and HCL are administered empirically to the detriment of the patient, and in many cases their long continued use has given rise to a glandular inactivity or true atrophy which can never be cured. Leube says in speaking of Carlsbad water, that carbonate of soda not only overcomes the excess of acidity of the stomach but what is more important, it has the power of stimulating the mucus membrane to renewed energy and to further secretion of gastric juice.

The truth of Leube's statement has been proven by Geigel, Abend, Mensneil, Ritter, Hirsch, Maoassein, Cohn and Mering.

Small doses, say 3 gms, are more likely to neutralize a *normalacid* solution while, the larger doses of sodium salt in

conjunction with such mechanical treatment for we have not only the condition of hyperacidity to overcome but must administer sufficient to neutralize the effects of the free acid secreted, as a result of the stimulations by alkali. From the above it is clear that the alkaline treatment of stomach diseases must be limited to such cases as have an excess of HCL or a deficiency of acid with glandular structures in the tract or a sufficient remnant to respond to stimulants.

HCL does not increase the secretions in proportion to the size of dose administered. HCL and pepsin are therefore of the greatest use in the cases where the mucus membrane and the glands are diseased. As we find in those catarrhal inflammations when it is of great value—Glandular atrophy and amyloid degeneration. Given in small doses to protect the remaining glands still functionally active; it is also useful in cases of cancer, both nodular and infiltrating.

If HCL could be administered in sufficiently large doses without corroding the stomach's mucus membrane it would at once relieve the most aggravated cases of hyperacidity by checking the secretion of the gastric juice.

To improve the absorptive functions of the stomach electricity is par excellence, but in the line of drugs we have an invaluable weapon in hydrastis. I prefer the fluid extract without alcohol as prepared by Lloyd or Merrill, given in doses of ½ to 2 drachms half an hour before meals well diluted with warm water; following each alternate week with tincture nux vomica commencing with ten drops well diluted and administered before meals, increase the dose one drop each day until you begin to get the physiological effects of the drug, then change back to hydrastis.

MISCELLANEOUS TOPICS.

Furbinger calls attention in the Universal Medical Sciences for '94 to functional disorders of the stomach which he terms stomach weakness. The appetite remains good but any indiscretions in diet or a large meal is followed very

soon by gastric pain of a gnawing yet not severe character, but depressing to the patient.

There are no symptoms of gastric catarrh. The conditions are simply those of hyperaesthesia of the sensory nerves of the stomach. In such cases, sugar, fat, starches, produce pain. He recommends the avoidance of coffee, the use of a mild alcoholic beverage and above all, large amounts of water.

Cortel also reports two very grave cases of cerebral pneumonia as the result of indigestion, both occuring in young subjects.

Eisenlohr records a case of grave anaemia dependent upon atrophy of the mucus membrane of the stomach and small intestines complicated with special symptoms of paresis and degenerations of lateral and posterior columns of the spinal cord.

Mathier protests against the use of the corset, which produces the displacement of the stomach.

S. S. Cohen, advises against a too strict and too complicated diet, due regard should be paid to patients age and occupation, environments and experience with different foods. He advises in cases of lithaemia to reduce the quantity of meat and starchy food. Of all starchy foods he thinks rice the least objectionable. Recommends the use of large quantities of milk to be heated and sipped slowly.

Von Norden cautions against a depletion by too long continued dilatory restrictions in stomach diseases he urges placing the patient in bed and administering concentrated nutriment.

Bovet eliminated meat from the diet in cases of hyperchlorydic dyspepsia and the use of alkalies given in moderate doses.

Loranthal is inclined to be doubtful of a distinct neurosis manifested as hyperasthaesis of the gastric mucus membrane toward HCL as is claimed by Talma and Myling. In cases

of subacidity he depends largely on irrigation through the tube.

D. D. Stewart considers pepsin absolutely useless. He depends upon the use of the hydrochloric acid dilute and direct electrization, especially of catarrh with deficient secretion.

I have simply called attention to the opinion of the recognized leaders to show the variety of views existing and to more forcibly impress upon your minds the importance of making your diagnosis by means of a stomach tube if you would proceed to the treatment of your case in a scientific manner, pleasing alike to yourself and your patients.

OSWEGO, N. Y.

GENTIANA QUINQUEFLORA.

BY GEO. W. BOSKOWITZ, M. D.

Having been asked by several members of the Society for information in regard to this drug, the reports in the dispensatory being so meagre, I concluded to write to Professor C. H. Yelvington of Binghamton, (he haviug used the drug many years, and contributed articles to various journals) so that I might add his large experience to my own, in giving you a description of this very valuable drug. It is commonly called "Five flowered gentian," "Frost blow," as it is one of the last flowers in the fall; "Gall of the Earth," from its intense bitterness; "Bilious Weed," from its action in eliminating the bile.

Habitat—It is found most plenty in southern New York, and northern Pennsylvania. There is a specie in the western states, but its flowers are larger and open. This is spoken of as "Fringed Gentian," as the flowers are fringed. Medicinally, it is not so active as the Gentiana Quinqueflora.

Doctor Yelvington has cultivated this plant, and declares that it is a biennial, as the first year there is simply a plantain growth of the five leaves; the second year it shoots up and flowers, and fructifies. The whole herb is used, whether to make infusion, tincture or fluid extract. Infusion is the most general manner of using it among the natives where it grows, and as a domestic remedy is esteemed very highly in all hepatic and bilious derangements, and in fevers.

In preparing this article, I thought I would ascertain what the United States and American dispensatories had to say with reference to this drug. In the United States dispensatory, under the head of "Properties and Uses," it is said to be "much used in domestic practice."

In the American or King's dispensatory, under the same heading, we found the following: "This is certainly a valuable tonic, and cholagogue, and deserves further mention."

You will see by the above, that this very valuable remedy has certainly been neglected, and I am glad to have this opportunity to tell you something about its real value.

It is an anti-periodic, tonic, diuretic, cholagogue and alterative. If given in large doses, it acts freely as a purgative, by stimulating the liver and eliminating bile. In medium doses it is a powerful and pleasant tonic, increasing the appetite, and by its action upon the liver and the biliary secretion, it aids assimilation. As an alterative, it improves the general condition of the system, through its action upon both liver and kidneys, removing the morbid matter from the system, through these channels.

In regard to its anti-periodic qualities I will quote from a letter received from Dr. Yelvington. He says: "It has been used with success in intermittent fevers, and where quinine has failed to control the same, gentian has proved equal to the occasion; and in many cases, physicians in malarial districts use it to the exclusion of any of the preparations of the 'bark.'"

Compared with quinine, it possesses a wider range, with all of the best qualities of quinine, and is free from many of its objections, especially the head and brain symptoms so often met with, following the administration of large doses of quinine. I believe that this remedy is particularly useful in chronic malaria, anemia, dyspepsia and impoverished circulation. In other words, in that very large class of chronic cases, where we find the swarthy complexion, slightly coated tongue, impaired digestion, cold, clammy hands and feet; showing a general depraved condition of the system.

NEW YORK CITY.

Appendicitis. Its Diagnosis and Surgical Treatment.

BY LOUIS LANZER, M. D.

While the physician is generally the first summoned to a patient suffering from an attack of appendicitis, it is quite clear that the responsibility of the treatment in case of surgical interference, must be born alike by both surgeon and physician.

The indications for surgical interference during an attack of appendicitis, may be summed up in a few words. As soon as the diagnosis of progressive or destructive inflammation of the part is arrived at, (and this should be done as early in the case as possible), the abdominal cavity should be opened and the offending part removed.

The symptoms of a mild attack of catarrhal appendicitis are, general abdominal pains, tenderness on pressure in the right iliaac fossa, especially in the region of "McBurney's point"—which may be located on a line midway between the umbilicus and the anterior superior spine of the ilium—vomiting, moderate fever and slight acceleration of the pulse. Such cases may recover by resolution, with proper management, or may perhaps be the forerunner of a very serious condition. Time and results will show, but in every instance where the diagnosis can be made we advise early operation, as safer than too much hesitation. Better a little possible haste, than a probably fatal delay. Surgical interference would certainly be justifiable in case the symptoms are sudden and markedly severe, or if mild at the onset, they remain unrelieved at the end of 48 hours, and especially if growing worse or increasing in severity.

In case you decide to remove the appendix, a vertical incision passing along the dextral edge of the right rectus muscle may be chosen, or if a tumor be present, and the

object simply to evacuate an abcess, an incision following the general direction of the fibres of the external oblique may be made over the most prominent part of the tumor.

In case the diagnosis is doubtful, it will be best to make a vertical incision in this manner. After incising the skin and superficial fascia, separate—not cutting—the fibres of the external oblique or the internal oblique, and then in the same way, separate the fibres of the transversalis. We now have by the application of the retractors, a square or four sided opening, which when the operation is completed, allows those muscles, by simple retraction or contraction, to resume their original form and function. This method may also be found servicable in cases where there is no pus, as by it, we obviate the danger of ventral hernia, as a sequence to the operation, but will not be so servicable where the case is to be treated by the open method.

Now in regard to the appendix. If it should not come readily into view or within reach of the operator, search for it. This may be facilitated by identifying the location of the caecum, which will readily be known by the pouched appearance of the intestine, and also by the presence of the three flat longitudinal muscular bands, which commence at the attachment of the vermiform appendix to the caecum.

In the endeavor to isolate the appendix, the surgeon must not lose sight of the fact that more harm than good may be done, if the intestine is so placed as to form a part of the protecting wall. If adhesions have taken place, the manner of dealing with the appendix will vary according to the character and circumstances of the case. In some instances its condition will not admit of any chocie; namely a single ligature with catgut applied at or as near as possible to its base; the mesentery to be also ligated separately if possible. The appendix is now amputated and the mucus membrane destroyed by the application of the thermo cautery.

If the wall of the appendix should be in a gangrenous condition, it will sometimes scarcely hold a ligature, much

less the application of a series of sutures inclosing over the stump, in which case, we grasp the part while ligating, with the artery forceps, instead of a suture, and allow the forceps to remain in situ. When the ligation is very difficult, leave the end or handles protruding out of the wound for twenty-four hours, first having packed it around with iodoform gauze. Even the wall of the caecum itself is sometimes in a softened condition as the result of inflammation and will not hold a suture.

If it should be decided not to attempt the removal of the appendix, its surroundings may be carefully disinfected, and the cavity of the abcess lightly tamponed with Mikulicz's wick drain. In cases where there is no pus, simple flushing with normal salt solution will be sufficient. In all cases silk worm gut will be found best for suturing.

Certain cases may require a posterior or lumbar opening, especially in case of phlegmonous complications, or abcess in that region; the location and direction of the incision to be made according to the conditions present, and the plan or purpose of the operator.

In cases seen from the third or sixth day, which present signs of circumscription of the disease by adhesions. and which tend to the formation of abcess, it will or may be better, to delay or defer operating for a time, than take the risk of infecting the whole peritoneal cavity, until the circumscribing wall is stronger and less liable to be broken through. Immediate operation, however, is certainly indicated whenever a firm, slowly forming, well defined tumor in the right iliaac fossa is to be felt or when a sudden increase in the sharpness and definition of the pain and tenderness, point to perforation of the appendix or breaking down of the limiting adhesions.

In the beginning of general supurative peritonitis, operation may offer some hope of success if the patient is possessed of a good constitution; but in presence of general

peritonitis with septic paresis of the intestines, operative interference has thus far proved useless.

Recurrent appendicitis of a mild type, like the acute form, frequently results from digestive derangements. and several attacks may occur, followed by resolution and finally permanent recovery; but as yet it appears to be impossible to differentiate with certainty these cases from those which do not tend to spontaneous cure, and operation is certainly indicated whenever the attacks are very frequent. Chronic relapsing cases may be known by the persistence of local symptoms during the intervals of the attack, especially if accompanied by more or less failure or impairment of the general health.

The explanation of the liability to inflammation of the vermiform appendix, may be readily found in the following facts: It is a functionless structure, of low vitality, removed from the direct fecal current; it has a scanty mesentery, so attached to both the caecum and the ilium, that it is easily stretched or twisted whenever they become distended with gas or fecal matter; it derives its blood supply through a single vessel, the calibre of which is seriously interfered with, if not altogether occluded, by anything which produces dragging upon it, or its mesentery, and further, there is almost always present a micro-organism, known as "Bacterium Coli Commune," capable of great virulence, when there is constriction of the appendix, or lesions of its mucus membrance, or of its parieties.

12 TENEYCK STREET, BROOKLYN, N. Y.

DIFFICULTIES IN DIAGNOSIS.

BY HARRIET C. HINDS, M. D.

What medical practitioner has not once in a while found himself confronted with a patient whose illness for a time, at least, defies a clear diagnosis—this is peculiarly so in the eruptive disorders of childhood—that class of cases, which one would naturally expect to diagnose most readily.

Scarletina, measles, diphtheria, varicella, German measles and kindred disorders, each have their distinctive symptoms and characteristics, it is true; but they have also a similarity in development to some extent. This, combimed in some children with idiosyncracies of temperament, and heredity, tends to make the diagnosis difficult, and the disease obscure.

Too frequently mistakes are made, which either inflict on the patient and family unnecessary isolation and expense, or on the other hand, expose outsiders to danger of unknown infection. Contact with such diseases as scarletina, diphtheria, and measles, is naturally dreaded by parents, for their children, and to guard against this danger is the duty of every physician. On the other hand, we see cases occurring, where patients are quarantined under a mistaken diagnosis of scarletina, when the attack was only one of roseola; we as physicians are not infallible, and disease does not develop in one stereotyped fashion, in different individuals.

Four cases in one family, which came under my observation, but not under my professional care, were remarkable for the absence of any regular train of symptoms, of any one of the ex-anthematous diseases. The first member of the family attacked was a boy of fourteen, who became ill after coasting quite exhaustingly, with what seemed to be a simple

influenza. Diaphoretics were given, and after two or three days there was a blotched appearance over the chest and arms, gradually spreading over the body. On the hands and fingers little vescicles formed. A week later, a girl of eight and a boy of four years of age, showed signs of illness; sore throat was complained of, but no other marked symptoms of scarletina. These two had no preceding influenza, which might suggest the incipient stage of measles. The little boy complained from the beginning of his illness, of an inability to breathe. A rash came out on both of these children, but sparsely scattered, and excessively irritating, as it was also in the older boy. The little girl quickly recovered; in a few days the little boy seemed bright and well. The mother thought his face was swollen, but the attending physician did not agree with her. Shortly after, and more than a week after the beginning of his illness, the little fellow complained of dyspnoea. The feet and ankles, and later the body, became oedamatous, and the urine was found to contain 50 per cent. of albumen; the boy died in four weeks from his first day of sickness; physicians called in consultation could not at first agree in diagnosis, but later called the disease scarletina.

The oldest son, aged eighteen, as well as the mother and servant girl, were affected with the same irritative rash. This son was left for months with a tender, swollen throat, which proved to be painful and persistent. The ex-anthem was unlike that of scarletina, in color or appearance, and the high temperature and rapid pulse were not present in any appreciable degree in any of the patients. The sore throat was present in three of the cases. The tongue gave no indication of enlarged papillae, and as far as I could learn, desquamation did not follow in either case. The dropsical condition of the little boy suggests renal complications from scarletinous disease. The oldest boy came under my care later, for treatment of the throat.

These were peculiar cases, and very puzzling to the

practitioner. While there is always a necessity to correctly diagnose contagious diseases, and to isolate suspected cases, yet may not perhaps valuable time have been wasted in a vain effort to diagnose? Had the skill of the physician been exerted to correct each symptom presenting with its specific treatment, might not the result have been more happy, and a little life saved?

To diagnose satisfactorily to the family, seems to be in the mind of many, a most desirable faculty, and perhaps it is; but it really seems as if some of the profession believe their most important duty fulfilled when the disease is named and the family can tell, with a sort of solemn satisfaction, the ailment affecting the sick one.

When people are themselves educated to see that the physician who seeks to learn the pathological condition existing in his patient, not merely to give it a name, but for the more important purpose, to meet that condition with its own specific medicine, and values his services accordingly, then will the average practitioner no longer need to place so high a value on glibness of tongue, in naming disease correctly or otherwise. Until then, the conscientious doctor, who has learned the insignificance of names, and the value of specific diagnosis, must be content with the satisfaction he himself experiences in the happy results of his practice. Though he may not so promptly classify the disease with which he is battling, he is conquering with more effective weapons than names, and his list of grateful patients will lengthen and witness more than empty titles.

EAST ORANGE, NEW JERSEY.

POST PARTUM HEMORRHAGE.

BY MAX AUGSBURGER, M. D.

A slight loss of blood during the third stage of labor, and immediately thereafter, is of such frequent occurrence, that it is considered almost normal; ordinarily, a loss of six, eight, or even ten ounces of blood, is considered a trifling affair, as it is due to an overflow of the uterine sinuses. It is therefore only in those cases where there is an exaggeration of this normal phenomenon to an excessive degree, that the term of post partum hemorrhage is applied.

By the term post partum hemorrhage is meant a loss of blood from the utero-placental sight, and does not include a hemorrhage which may occur from lacerated vessels in the cervix, vagina and vulva, which is also of frequent occurrence.

It is usually a simple matter to differentiate between a bleeding due to laceration of either cervix, vagina and vulva, and that of post partum hemorrhage. A hemorrhage due to lacerations in the genital track is usually slow but continuous, and composed almost wholly of red, arterial blood. If uncomplicated by post partum hemorrhage the uterus will be found firmly contracted. As post partum hemorrhage is due to an inertness and want of retraction of the uterus, this organ will be found soft, flabby and distended, while the blood which escapes is of a dark, purple color, consisting of both venous and arterial blood.

To properly appreciate a faulty and defective process in the post partum uterus it is necessary to know how the organ should behave under normal conditions The anatomical arrangement of the muscular fibres of the gravid uterus, especially developed at the placental sight, is well worthy of

investigation. Of the four layers of muscular fibres, composing the wall of the uterus, the irregular layer, which decussate and unite with each other in a remarkable manner, at first superficial, then becoming deeply seated, and vice versa. The fibres forming this layer curve in a circular manner around the large blood vessels, so as to form a muscular canal through which the blood vessel runs. This arrangement is of the greatest importance, as it affords an explanation of the mechanism by which hemorrhage after delivery is prevented. If uterine action be firm, regular and continuous, the vessels must be sealed up and hemorrhage effectually prevented. If, on the other hand, the uterus contracts but feebly, or fails entirely in its contractions, then the torn-off blood vessels at the utero placental sight are not closed by muscular contraction, and hemorrhage is likely to follow.

Admitting that the main factor in preventing post partum hemorrhage is the contracting uterus we must not overlook the fact that clotting, or the coagulation of blood takes place in the uterus, as elsewhere, and greatly aids in preventing hemorrhage. The coagulation of blood in the mouths of the dilated uterine sinuses, if unassisted by uterine contraction is of little or no value in controlling post partum hemorrhage.

The reason of this failure is quite plain: The sinuses are so large that a blood clot is swept away by the blood pressure before it has a chance to form and seal the vessel, while if the uterus is contracting normally the vessel is closed, or nearly so, so that but a small clot will close the vessel, and effectively seal it up.

From this short abstract of the mechanism by which a hemorrhage from the post partum uterus is prevented, we learn that hemorrhage, here as elsewhere, is controlled by pressure or coagulation of blood, or both; this gives us our key note to treatment. All means employed for the controlling of post partum hemorrhage must act by producing either uterine contractions or coagulation of blood, or both.

If all cases of labor were treated as if post partum hemorrhage was expected, this complication would be rarely met with. In cases in which there is a history of previous flooding, also where there exists a uterine inertia, a firm degree of contraction should be kept up by the hand upon the fundus. It is also well to administer a drachm of ergot by the mouth, or better still, a solution of ergotin hypodermically. If the uterus relaxes in spite of these precautions, the hand still being kept upon the fundus, and continually manipulating this part, the unengaged hand after being made aseptic (thoroughly cleansed and bathed in a 2 per cent. lysol solution for five minutes) may be introduced into the cavity of the uterus, for the purpose of exploring it, removing any clots, particles of placenta, etc., which may have been retained. While the hand in the uterus informs the obstetrician of the condition of the cavity, it also acts as a stimulator of the uterus, and frequently brings on uterine contractions. Should this means fail, the introduction of a piece of ice (which has previously been laid in water for a few minutes to melt away its sharp edges) may be tried, or the intra-uterine injection of hot water, which is always available, and at the same time antiseptic. The temperature of the water should be 120 degrees F., and the quantity injected not less than one or two pints. The intra-uterine application of vinegar is highly recommended, although it causes considerable suffering to the patient; a piece of gauze is saturated with the fluid, carried to the fundus and then squeezed dry; when the vinegar comes in contact with the sensitive uterine tissue there occurs an immediate contraction. Persulphate of iron, also tincture of iodine, which cause a coagulation of blood and thereby seal up the open vessels, were formerly used in cases in which the uterus failed to respond to stimulation. The use of these drugs is now condemned by all authorities, as they form dense clots, which by their presence, prevent firm contraction of the uterus, or they may decompose and become the seat of septic

processes, or emboli may become detached and cause death of the patient. There is no excuse to-day for the use of iron, iodine, or any other styptic, in the treatment of post partum hemorrhage. If the methods briefly mentioned do not bring prompt response from the uterus, the time has come for a resort to the one certain means of controlling the hemorrhage, and that is the intra-uterine tamponade (Duhrssen's method). It has been proved that the intra-uterine tamponade is not alone effective, but safe. It was feared that the hyperdistention of the uterus caused by the firm packing of the tampon would interfere with retraction after its removal. This, however, has been proven a groundless fear. The uterus as a rule contracts firmly when the tampon is removed, and remains contracted. On account of this simple, effective, and safe method of controlling post partum hemorrhage, every obstetrician should be provided with at least two five-yard rolls of sterilized gauze, which should be from one to two inches wide; some authorities recommend the use of iodoform gauze in place of the plain sterilized gauze, but it has no special advantage in an ordinary case.

The introduction of the gauze into the uterine cavity at this time is very easy. The hand being sterile (bathed in 2 per cent. lysol solution) carries the gauze as far into the cavity as possible, while with the other hand the uterus is steadied through the abdominal walls. The uterine cavity should be packed full with the gauze, also the upper part of the vagina. This packing may be left in position for thirty-six hours, when it is removed. Upon removal of the packing, the uterus having regained its contractile power, it will then contract; but if the uterus is still atonic the cavity should be washed out with hot sterilized water, and a new packing is again inserted. There are no extra precautions to guard against, excepting that while the gauze is in position it will be necessary to empty the bladder by means of the catheter.

472 DECATUR ST., BROOKLYN, N. Y.

SPONDYLITIS. A Case in Practice.

BY ARTHUR R. TIEL, M. D.

Spondylitis, as its name implies, is an inflammation of the vertebra, and is generally brought to the physician's notice by the deformity of the spinal column, a projecting knuckle showing an anteroposterior curvature, in which there is an inflammatory condition of the bone, accompanied with loss of substance in the bodies of the vertebrae and inter vertebral disks. "Pott's disease" is the name generally applid to this condition, because Percival Potts first accurately described it, in 1783; but it should be called spondylitis which, from its Greek derivation, gives an accurate idea of its location and also of its pathology.

This disease may occur at any period of life, but is much more likely to occur in childhood, and especially in those children who are reckless and careless and expose themselves to all sorts of accidents. There seems to be a difference of opinion in the profession as to the origin of Pott's disease, some contending that it is essentially of a strumous origin, depending upon a tuberculous diathesis, and not occurring unless constitutional dyscrasia is present; others contend that the disease more frequently depends upon injury than upon any constitutional condition, and will point to the fact that hundreds of people are walking about bent and twisted by spinal curvature, and notwithstanding their great deformity enjoy an average degree of health until they have reached a good old age; thus furnishing the evidence that the disease which has produced the deformity is not necessarily tubercular in character.

The symptoms of spondylitis vary according to its location in the spinal column. When it has advanced far enough

to produce a deformity there is usually no difficulty in diagnosis; but the disease has existed long before the deformity is observed, and the important point is to diagnose the disease before the deformity occurs.

The symptoms at the beginning are sometimes very obscure; as the nerves that make their exit from the spinal canal at points opposite, the seat of the kyphosis become more or less involved, and will manifest such disturbances by symptoms that simulate most diseases that we are called to treat in childhood. Paralysis of one or both lower extremities is not infrequently met with when the upper part of the column is involved. It may occur early and when very little deformity is present, thus misleading in diagnosis unless we are alert and careful in our examinations. It depends either upon effusion into the cord, or pressure upon it, by the breaking down of the spongy bodies of the vertebrae; and in the first instance, will gradually improve under proper treatment, which will cause the effusion to be absorbed; but in the latter case prognosis, so far as the restoration of power is concerned, is very unfavorable.

I have outlined but a few of the symptoms that are prominent in this disease, but the case I bring before you, will more fully illustrate its etiology. In the treatment of spondylitis I will present to you an interesting case that came under my treatment at first, in February, 1894. I have nothing particularly new in the recital of this case, but am pleased to call the attention of my brother physicians located in places remote from the specialist in the large cities, that spondylitis may be treated successfully by the physician who will carefully make his diagnosis and apply the proper treatment.

I was called to the residence of T. S. J. in an adjacent village on February 1st, 1894, to examine his little son two years and four months old. The parents of the child were healthy and the grandparents, both on the mother's and father's side were living and healthy; an infant brother made up the rest of the family, and he too was healthy.

The little fellow began to walk when 9 months old, aud up to six months before, was exceedingly lively for his age, a great climber, and meeting with many falls. He began to droop about July, 1893, complaining of pains in his stomach and a physician at that time treated him for indigestion, but the pains still continued. The child was noticed to lie down upon the floor instead of running about. When sitting in his chair his head seemed too heavy to be maintained erect, so he would rest it on his hands, and frequently complained of being tired, until he gradually lost the use of both legs and since September, 1893, up to my first call in February, 1894, had been completely paralyzed in both legs. He had been treated for infantile paralysis, worms, heart disease and "head trouble," one physician after another being called. Much medicine was taken by the little sufferer, more to his injury than to his relief.

The kyphosis was finally discovered, the projecting knuckle in the vertebra making it prominent, and with the paralysis, the cough and the pains in the chest and stomach, a diagnosis was made by the attending physician and the parents were informed that the disease was caused by a tuberculous diathesis, that he was too small for the application of the instrumental treatment, and finally as a last resort, they were recommended to take him to a city hospital.

As I sould find no history of a tuberculous diathesis, either in the child or remote in his ancestors, I at once suspected an injury as the producing cause. In response to my questions, the mother remembered that the child had fallen off a front stoop about eight months before, but as he showed no signs of permanent injury at the time, she had forgotten it, until several months afterwards, when she noticed the projection on the spine. The physician at that time in attendance, the mother informed me, did not think the spine diseased, as he suffered no pain in his back, and pressure over the spinous processes produced no pain. I removed all clothing from the child, and placing him upon his face across my lap, with the

arms hanging over one thigh, and the legs over my other thigh, then stretching my thighs apart a little, so as to make slight traction on his spine, and pressing gently upon the projecting knuckle, showed the mother that the extension and gentle pressure made the child perfectly comfortable, and the grunting respiration, a characteristic symptom of spondylitis at once ceased. The disease was in the anterior parts of the bodies of the tenth, eleventh and twelfth dorsal vertebrae, and the extension and pressure separated the anterior parts of the body of the vertebrae where the inflammation existed, and thus relieved the spinal pressure and pain, while by crowding the head and buttocks together, pain was elicited, and the respiration again interfered with.

The treatment of this case was quite evident. As a broken bone for the healing process is required to be kept immobile, and perfectly free from all movement, so this broken spine needed rest and freedom from pressure of the affected parts. To do this was a question which a few years ago could not have been done for the permanent relief, and great credit must be accorded to Dr. Lewis A. Sayre, who first described the method that made it possible to treat spondylitis in such a manner as to secure perfect immobility to the spine, securing rest and freedom from pressure of the diseased vertebrae, and enabling the patient to partake of the benefits of fresh air, sun light and change of scene. I recommended the Sayre plaster of Paris jacket and Jurymast, and so in the presence of several neighboring physicians, on the 15th of February, 1894, applied the treatment. An outline of the deformed spine had been taken with a leaden tape, and afterwards traced on paper, from which outline the jurymast had been made to accurately fit the kyphosis. The child was now placed on the table, and the extensiou apparatus being made ready, the leather armlets were adjusted, and the straps buckled under his chin and occiput. The little fellow cried lustily at first from fear, but as the cords were drawn up, and the spinal column put upon the stretch, he became quiet, and

before we had finished the application of the jacket, he was asleep. A tight fitting sleeveless shirt had been placed on him, and made smooth by pinning it tightly between the legs; the enlarged knuckle of spinous process was protected by placing well padded glove fingers on either side of it; several thicknesses of cloth were folded over the stomach for a dinner pad, and each anterior iliac spine was likewise padded, these latter to be removed before the jacket was finished. The bandage consisting of strips of coarse crinoline, two and one-half inches wide, filled with plaster of Paris, were now wetted and evenly rolled about the body until four layers had been placed, when the jurymast was placed in position. This instrument consists of two pieces of malleable iron, bent to fit the curve in the back, three strips of tin, roughened by having holes punched through them from both directions are fastened to the lower portion, so that it may firmly fasten the strips to the jacket. From two cross bars at the upper extremity of the curved iron pieces, springs a central steel shaft, carried in a curve over the top of the head, and capable of being elongated at will. To this is attached at the upper extremity a swivel cross bar with hooks, from which depend straps, supporting a head and chin collar. The jurymast being in position, the bandages were applied until four more layers had securely fastened it to its place.

It has been said that the plaster of Paris jacket could not be used on a child under three years of age, as the pelves were not large enough to hold it: but in this case the child was well formed and the jacket fitted him accurately. He was asleep when we finished, seemingly very comfortable in his new jacket.

The cure in this case has steadily progressed, and in some respects is quite remarkable. It was noticed that the child at once began to sit up and was free from pain. His appetite returned, and in three months his limbs seemed to be taking on new life, proved by the fact that he could move his toes and the cavity made by the dinner pad had so filled

up, that a new jacket was made necessary. His growth was such that a new jecket had to be fitted to him every three months, and in six months he could stand alone, and in nine months he had so far regained the control of his limbs, as to be able to walk and run like other children.

I have not given a drop of medicine during my treatment, as his health has been perfect. He has worn the jacket and jurymast for twelve months, his only protection now being a shellac cloth corset.

A projection may still be seen upon the spine, but it is thoroughly ankylosed, and he now walks and runs with his head erect, the seat of the disease being as strong as any other part of his spine.

MATTEAWAN, N. Y.

HEAT vs. COLD, IN THE CURE OF DISEASE.

BY J. HOWARD YARNALL, M. D.

"In ye olden time" many cases of inflammatory troubles were treated by applications of cold, on the principle that the opposite had to be used to remedy an existing evil. To treat a burning heat with anything else than a corresponding or contrary cold was not to be thought of. To-day common sense in medicine and in the treatment of disease has revolutionized many heretofore pet theories, and is still doing so. A large amount of adverse experience and judicious experimental treatment has taught a more excellent way. This result is not because allopathic or homeopathic doctrine is right or wrong, but is on the ground of true eclecticism; that the right way is the best way, and any other method is wrong. Results have shown that the best way is to restore the proper circulation to the parts affected as quickly as possible, without producing any shock to the general system. There may be some exceptions to the general rule, but large experience has clearly proven that heat is the proper means in the majority of cases.

Good judgment, a correct diagnosis, and treatment according to the individual case is the true demand at all times, and under every circumstance. But Heat is Life; Cold is Death. A chill or shock produced by a cold application has, no doubt, resulted in death in many where a judicious use of restorative hot appliances would have saved the patient.

What physician would think of applying cold for pleuritis or pneumonia? And yet I propose to discuss farther on the theory advanced by one claiming to be a physician of repute, who advocates the use of ice for pneumonia. Many

an old practitioner would use ice as an application in hemorrhoids. I condemn this in the strongest manner possible, unless it be as a temporary check for hemorrhage, never use it here. In a severe case of protruding piles, particularly if highly inflamed and engorged with blood, heat is the true remedy. Cold hardens; heat will relax and soften the protruding mass and so reduce it as to enable it to be returned within the rectum. The attempt if such be made, to freeze them off, is unwise in the physician and unkind to the patient.

Another thought. What was the old time method of treating a sprain? Pouring on cold water. How much better and wiser, and with what vastly greater a degree of comfort to the patient, is the hot bandage treatment. No shock produced to the system, but a general relaxation and perspiration is produced, which is of great benefit, the result a reduction of the swelling and re-establishment of the proper circulation in the parts affected.

To return to the subject of the use of ice in pneumonia. Last summer I noted and read an article in a country weekly newspaper, relating to the fact that a certain doctor Mays, I think the name was, advocated the use of ice in pneumonia, and in the extract given, he cited the recovery of a fair percentage of the cases he had so treated. As I read, my blood boiled, if I may use the term, and I prepared an article for the Medical Summary of Philadelphia combating such outrageous dealing with humanity. They did use heathenish customs in heathen lands, and still do in some to make the devil quit, such as pounding the body of the sick, cutting with knives, and the like. Even our forefathers before they were more enlightened, were in the habit of bleeding, blistering and freezing their patients to death. As the onward march of christian civilization brings the light to heathen lands so does new light come to us, and we ought to know better, if there be in our mental organisms capacity and capability to receive that which is far better and nobler.

I do not mean this last to apply to Eclectics, they have advocated and adopted the hot appliances to the chest in pneumonia for years.

For Doctor Mays, or any other physician claiming to be of any repute whatsoever, to advocate such a cold-blooded idea, as the application of ice to the chest in pneumonia in these the closing days of the 19th century, seems to me to be an insult to the profession, and an outrage upon the human family. Is the man a knave or a fool? To thus try to freeze out the flickering flame of vitality is, to my mind, little short of criminal, or an act verging on insanity. If, as the doctor claims, a large percentage of his patients were saved by this method of treatment, it must be he either failed to clearly diagnose the disease, or else they got well in spite of his barbarity. To come to the bedside of a patient panting and struggling for breath in a serious case of pneumonia, and apply ice to that heaving chest in order to restore the circulation? If it were myself I should expect to be shown the door and requested to never cross that threshold again. Heat is Life; Cold is Death.

What condition exists here? What is pneumonia? Inflammation of the lung tissue. What is the state of the circulation? Retarded, stagnant; the heart pumping away in its effort to remove the congestion. What is the action of heat? To subdue the inflammation retsore the circulation, and equalize the action of the heart. What happens? The pores of the skin open, active perspiration is induced, circulation within and without begins, life just about to cease on account of inactivity, starts afresh; the breathing becomes more free, the lungs fill with air, and the clogged wheels of life go on again.

What is the action of cold? Just the opposite. It chills, contracts the pores of the skin, benumbs the circulation, induces inactivity of all the tissues, and produces death.

The Eclectic hot jacket treatment, wet or dry, connot be improved up n, or has not, up to the present time. Com-

bined with a powerful diaphoretic internally, and by their method they have saved nine-tenths of their cases.

If Doctor Mays claims that the reaction of the ice appliance has the effect of restoring the circulation, my reply is that the immediate danger of death from shock is so great and so dangerous that it would be rarely possible for his patients to live to see or feel reaction. *Don't deplete.* Always hold the little vitality we have, relieve and assist nature.

This same physician unhesitatingly asserts that he keeps up these ice applications for a period of two weeks in some cases. Why, this is simply terrible. Ice to the chest of a sick man for two weeks; there must have been a marvelous amount of vital energy existing in those particular cases, or else they did not have pneumonia. Why, this is enough to kill a well man.

It is just possible we may next hear of this same Doctor Mays advocating cold applications for inflammation of the bowels.

In reply to the article of mine published in the Philadelphia Medical Summary, on this line of treatment before mentioned, I was surprised and pleased to receive a letter from a Doctor Brodnox, of Brodnox, Louisiana, thanking me for my strong and bold denouncement of the use of ice for pneumonia, in which he says:

"DEAR DOCTOR:

I read with much pleasure your protest against 'Ice Treatment of Pneumonia.' More especially as I have always practiced its precepts. Also, because when a doctor has given thought and time on a subject, and it is good, sound common sense, he is better pleased if he is told of it. We all like to know that our thoughts are appreciated."

He then continues:

"I usually pad an old vest with lint or cotton, and put it on the patient all around the body, and add some stimulating substance, as turpentine and oil, and keep up the

vigor of the stomach by careful feeding with warm fluid food—no alcohol."

In this connection, let me say right here, I fully agree with Dr. Brodnox as to the harm resulting from the administration of alcohol, in cases of pneumonia. Why? Because in this you have added another enemy to fight along with the existing disease. To claim as some do that alcohol is a food, is taking false ground, and to assert that it any more than momentarily warms the system is a misnomer, a delusion and a snare. In the first place, the action of the heart, already vastly increased, is thereby obliged to still further accelerate its force. The entire circulating system is fired by the introduction of alcohol, and this is followed by a consequent depression. It is on the same principle as throwing wood into a flame. The wood is warmed, but likewise consumed.

In support of my assertion I copy from another physician, a writer in the Texas Medical Journal, the region where the cowboys roam the prairie expanse. He says: "Alcoholic poisoning resembles very closely that of opium narcosis. Respiration is diminished, the blood is not oxidized." Continuing, he says: "We remember once seeing four learned doctors in attendance on a brother physician who was suffering from pneumonia. They had given him whiskey till he was blue in the face; had slow, labored breathing, and stertorous respiration. Extremities cold, and a clammy perspiration. The lungs were laboring in vain, but they said he needed more whiskey, and the amount was doubled. The funeral was largely attended. In addition to other injurious effects alcohol over stimulates the kidneys, produces inflammation of the filtering glands and leads to Bright's disease.

So we have a danger if recovery from pneumonia results under an alcoholic treatment of this dread visitant following in after years. As heretofore stated then, heat is life; cold is death. To induce an active perspiration in

pneumonitis or pleuritis, hot drinks should be given. As remedies, aconite, veratrum, asclepias, lobelia, sanguinaria, bryonia and other like remedies, as indicated.

But it was not my purpose in this essay to enter upon a further elaboration or extended remarks as to other lines of treatment. So not to any more trespass upon your time and patience, I will simply close by saying, in the interests of humanity, and in view of the sacred nature of our profession, let us as Eclectics never endanger the lives of our patients by the use of ice or cold of any nature, externally applied to the chest, in pleuritis or pneumonia.

1011 PARK AVE., NEW YORK CITY.

SURGICAL KIDNEY.

BY LEE H. SMITH, M. D.

We have diseased condition outlined as above that is frequently met with in the treatment of urinary difficulties. It is usually ushered in as a result of some manipulation of the urethra, but a similar condition of the kidneys may be the result of cold or almost any infectious disease. Many times the use of a catheter, even with every precaution as to cleanliness, will produce a serious attack. A few years ago it was very generally thought that the presence of bacteria upon a foul instrument was the cause of urinary fever, and many physicians have been criticised, by innuendo and otherwise for such results, when entirely blameless. We all appreciate how difficult, in fact impossible, it is to get the urinary tract free from micro-organisms; that the kidneys eliminate such material from the blood, that the kidneys, bladder and urethra are all accustomed to such agents, and that under normal conditions the presence of these microbes work no injury, nor are they the source of harm.

The kidneys are important channels of excretion. Through them much of the poisonous waste of the system is carried off. Some individuals have a large amount of mental work and worry. They pass a large quantity of phosphates daily. Later on in life, after excessive work or worry, these phosphates are accompanied by albumen

In the rheumatic and gouty the kidneys have excessive work to perform in excreting the urates aud uric acid; in consequence, a granular state of the kidneys is induced.

Dyspeptics pass large quantities of oxalate, and later albumen, which gradually indicates a changed and diseased state of the kidneys.

It would seem that most of these cases of kidney disease

have been preceded by large quantities of some material in excess, such as phosphates, urates, lead, and often alcohol in the urine. After a time albumen will be found accompanying it; gradually we get a hyperphasia of the fibrous tissue and subsequent renal change. These are the agencies favoring kidney disease not of a microbic character.

When certain pathogenic bacteria exist in the blood, they tend to appear in the excretion of the kidney. Such organisms as the staphylococcus aurens, bacillus prodigious, bacillus authracis, bacillus phocyaneus and bacillus subtilis are constantly excreted through the kidneys, and in from six to eight hours after the blood is infected by them.

The pyoganic cocci are prone to settle in the kidneys, and even without centres of suppuration escape into the urine. Nannotti and Baciochi found in both grave and slight suppurative processes, that the specific bacteria was present in the urine and of customary virulence. They disappear 24 to 36 hours after the evacuation of the pus. The streptococcus in erysipelas and other like infections is often found in urine while the bacilli coli communis, the most common of all secondary invaders, often escapes through the kidneys.

Every surgeon has met with cases of serious trouble from a state of inaction of the kidneys following some operation.

The operation may be trivial, but the depression may be profound, and the general appearance of the patients such as to excite the greatest apprehension. Sometimes they recover, and sometimes die. The bladder is often in a state of subacute irritation, the deep urethra sensitive. From the urethral orifice in many cases a slight urethral discharge, mucoid or purulent. The individuals usually syphilitic in early years, delicate in appearance, many of them having a family history indicating a tendency to consumption. The affection frequently has the history of an irritation gradually ascending from the urethra to the bladder; then through the urethra to the pelvis of the kidney, and ultimately affecting the structure of the kidney. The disease varies with different cases.

Many give evidence of a tight stricture of the urethra, operation upon which usually results in an immediate attack of fever, in which the urinary organs all seem to participate.

In the observation of the writer several fatal cases of this kidney lesion have occurred during a period of about ten years, in which time probably twelve hundred or more cases of urinary disease have been under observation.

These cases were peculiar in that they were all seriously affected as a result of very mild procedures in the way of instrumental examination or local treatment.

In reviewing them one would be inclined to class every one of the individuals as belonging to the class known as delicate. They were all more or less anaemic, spare in build, and had a history. This was usually venereal in its character; an old gleet of very mild character, the discharge slight, or none, the deep urethra somewhat sensitive, the flow of urine at times somewhat difficult and impeded, but never stopped entirely. All these individuals suspected stricture, but upon examination none was found.

The use of a very carefully and well cleaned sound in the urethra is usually common practice in the hands of those who treat urinary troubles. The employment of a bulb for the detection of stricture is of every day occurrence. It is evident that in about every two hundred individuals there is one who will be brought to death's door by the practice.

Should it not be the rule, therefore, to require that a thorough micro-chemical test of the urine be made prior to any instrumental examination?

The following indications should make it advisable to postpone examination by instruments until they are corrected by free use of diluents or correctives: Quantity of urine in twenty-four hours less than two pints; excessive alkalinity or acidity; the presence of casts, pus, albumen or blood; excessive deposit of phosphates, oxalate or uric acid.

I have only referred to these cases from the standpoint of the urethral surgeon, but this irritable state of the kidneys

renders these individuals prone to serious consequences from mild attacks of almost any and every acute disease. Their kidneys are weakened by prolonged irritation from the secretion of an irritant urine. When they have added the irritant effect of secreting a large amount of some poison, the result of fever, they are inadequate. A difficulty that might have been of no serious moment leads to great prostration, high temperature and very dangerous possibilities.

One can feel warranted in advising that the average individual should drink more fluids—we do not have sufficient beverages. The English custom of partaking of frequent draughts of weak tea is excellent, in that it leads to increased excretion and the more complete purification of the system.

Many individuals are stout, and diminish their growth and increase of flesh by lessening the quantity of fluids. This must increase the irritation of the kidneys, and the frequent deaths that all practitioners have noted, as occurring of persons who have been reduced from a state of corpulency by strict dietary and diminished use of fluids, are very often from kidney disease that has developed, or resulted from too little drink.

While advocating temperance in the use of alcohol, I would earnestly preach for an increased consumption of healthful beverages that serve to clear out the impurities of the system and tend to keep the skin, lungs, kidneys and bowels in a clean and well washed state, instead of loaded with poisonous matters that represent used up tissue or putrefying masses of bacteria.

When from any cause the kidneys become affected the period of shock is usually from two to twenty hours duration. The longer it is the more serious will be the reaction, and more likely the fatal termination. A subnormal temperature during a period of twenty-four hours means death within five or six days. Following the shock comes reaction, usually preceded by a well marked chill. Following this we have headache, a more or less anxious expression, pains in the

muscles and over the kidneys, thirst, suppressed urine, and fairly well marked febrile reaction. The forehead in bad cases is wet with perspiration, the respiration is sighing and irregular or rapid; the face becomes flushed; the pulse, from having been feeble and irregular, becomes rapid and bounding. In bad cases the pulse beat gradually increases in frequency until it cannot be counted; the heart gradually whips itself out; the calls to urinate are more frequent and painful; the quantity of urine diminishes; the bladder spasm increases, until the system becomes poisoned with the urinary salts, when a gradually increasing coma supervenes. In cases resulting fatally an acute congestion will be found, but in all my personal experience I have never seen a case terminate fatally, except serious and chronic changes were shown to have been present in the kidney that had been long undermining the health of the individual. They were practically crippled, generally beyond recuperation, and only waited, as it were, for the last straw to break the camel's back.

Treatment. I would place first, local cleanings of the bladder and urethra with warm, mild boric and other soothing solutions. These seem to relieve discomfort and favor re-establishment of the urinary flow; agreeable fluids in the way of lemonades, infusions and alkaline drinks. During the period of shock the room should be warm. The patient's limbs warmed with hot water bags and other means of dry heat to favor perspiration. The nervous system requires stimulating. For this nothing has served as well as oxygen inhalations and hypodermic injections of strychnia with caffein. Bromides, gelsenium, and in very mild cases morphine, will help, but they are two-edged swords, and in the debilitated and those with weak stomachs, they sometimes precipitate grave troubles. Of internal remedies, carbonated water is one of the most potent and valuable remedies. Some cases have severe diarrhoea. They are dangerous. Digitalis poultices, cups to the loins, quinine and turpentine, are the main remedies in such forms of prostration. The hot sitz

bath is always a comfort and benefit. Purgatives are dangerous. It seems impossible to act freely upon the bowels without lessening the activity of the kidneys; the urine becomes more concentrated and the kidneys subject to greater irritation.

High temperature is best controlled with cold sponge baths.

The disease in favorable cases lets up as suddenly as it began, and the patient is relieved, but apparantly there remains more or less permanent weakness and ill health. The urinary organs seldom fully recover their normal condition.

BUFFALO, N. Y.

Crime in Relation to the Mentally and Physically Defect

BY G. ALLAN ROWE, M. D.

I think the weight of evidence can safely be put upon the side of improvement in modern civilization, notwithstanding the fact that statistics show a decided increase in criminals, paupers and insane persons. Statistics show that in 1850, one person in 3,442 was a criminal; in 1860, one in 1,647; in 1870, one in 1,174; in 1880, one in 885, and in 1890, one in 727. There are, therefore, nearly five times as many criminals in proportion to population at the present time as there were forty years ago. The last report of the census bureau states that the total number of insane persons treated in public and private institutions in the year 1881 was 56,205, while in the year 1889 the number treated was 97,555, an increase in nine years of 41,350, or 73.53 per cent. The increase of population during the last decade was 24.86 per cent., which shows that the percentage of increase of insanity was in the neighborhood of 48 per cent. greater than the increase of population. This is not particularly encouraging. The ratio of insane people in the United States is 1.56 to 1,000. The whole number of paupers in almshouses in the United States at the last census was 73,045, while in 1880 the number was 66,203. The ratio of almshouse paupers in 1880 was 1 to 758 of the entire population, while in 1890 the ratio was 1 to 857, showing a marked decline. The foreign population contributes about three-fifths of all the almhouse paupers, which does not speak well of our loose immigration laws. I might say that there is no way of finding out the whole number of paupers in the country for large numbers of them are maintained by individual charity, which if added to the number of almshouse paupers would probably show an increase during the past decade. There is scarcely a doubt that the number of paupers, or dependent persons, is greater at the present

moment than ever before in the history of our government. The number of convicts in penitentiaries in 1880 was 35,538, and in 1890, 45,233; an increase of 9,695, or 27.28 per cent. The number of inmates in reformatories in 1880 was 11,468, and in 1890, 14,846; an increase of 29.46 per cent. While a very decided increase of criminals in the last decade is shown by certified statistics, yet the increase is undoubtedly too small, for no account is taken of the large number of criminals that are not confined in institutions. It must be admitted, therefore, that insanity, crime and pauperism are steadily and even rapidly on the increase, and the greatest danger to society is to be found in these three classes of defects. Just what is to be done with them is a question not so easily solved and it may be well for us as medical men to give the subject some thought, to see if any additional light can be thrown upon it. The experiences of the past year and the great unrest of the labor elements of our government make the question one which seriously concerns the social welfare of every civilized citizen. It will be quite impossible in a paper of this kind to enter into a lengthy discussion of this most interesting subject, and therefore, I can do no better than offer a few fragmentary remarks. In considering the question of crime, it seems to me to be of the highest importance to seek for the chief cause that leads to its commission. My observations and investigations of the subject lead me to conclude that the chief elements that figure in the commission of crime might be named as follows: The use of intoxicating drinks, poverty and sexual perversions. Of course there are very many other causes which lead to the commission of crime, but these I think are among the chief ones. It is estimated that 20,000 murders or deaths from personal violence occur every year, and of this number about 9,000, or 45 per cent. are traceable directly or indirectly to the use of intoxicating liquors. This fact shows the tremendous evil of the use of intoxicants. Think of almost one-half of the whole number of murders

committed in one year being due to the use of spirituous drinks. Chief Byrne of New York City says that nine-tenths of the crime committed in that city is traceable directly or indirectly to the use of whiskey. This is all the more deplorable when it is remembered that intoxicants are not only unnecessary to the well being of the individual but positively injurious. The vast majority of street brawls, wife beatings, and other minor crimes, to say nothing of the major ones, are committed by persons under the influence of liquor. At a time of great public excitement or danger, such as usually accompany strikes and riots, the mayors of cities generally order the saloons closed for the reason that they know men are much more liable to commit crime when drinking than sober. It may not be generally known furthermore that the amount of money spent in one year for intoxicating drinks is more than sufficient to pay the whole of our public debt, an amount equal to almost one billion of dollars. Suppose this money was spent for the purchasing of the necessaries of life and the proper maintenance of families, what would be the result? It would not only relieve the vast amount of suffering and distress among the poor, thus dispensing with every almshouse in the land, but it would empty more than one-half of the penitentiaries in the United States. It would make quite a difference to the tax payers, to say nothing of the increase of human happiness, if we only needed one-half as many penitentiaries and prisons as we now have. The fact, therefore, becomes decidedly apparent that we can no longer close our eyes to the fearful evil of the use of intoxicating liquors and must acknowledge that it constitutes one of the greatest factors in the commission of crime to be found in the records of criminal history. Medical men know that their use fills our almshouses, our asylums, and our prisons. They know their use establishes distinct pathological conditions, thus impairing the mental and physical integrity of the individual which predisposes men to the commission of crime, and in many instances

renders them irresponsible for their actions. The use of intoxicants is closely allied to the commission of crime and becomes one of the most prolific producers of the mentally and physically defect. Since this is true, it becomes the manifest duty of the medical fraternity to advise against the use of liquors at all times, except for medical purposes and to exert their influence in controling their use. With regard to the second chief cause leading to the commission of crime, viz: poverty, every one is more or less familiar. That poverty is only too often the parent of crime, every one must reluctantly admit. The unequal struggle between labor and capital that is being so fiercely waged is not only very discouraging to the poor, but it is rapidly making criminals of them. They are driven by force of circumstances to do those things which, under more favorable conditions they would not do. It is quite a hard task for the vast majority of persons to make what they consider a respectable living, and with desires and ambitions very similar to those of their more fortunate fellows, when they realize the hopelessness of ever being able to enjoy the advantages and luxuries which riches are supposed to bring, they not only become reckless and desperate, thus predisposing to crime, but the disappointment is sufficient to disturb the mental integrity of the weakly. I would suggest as a possible remedy for the elimination of poverty, and thus naturally for the removal of one class of physical defects, that all persons endeavor to confine their ambitions within reasonable limits. As it is impossible for all to become wealthy and as wealth is not essential to respectability, the poor should try to be satisfied with what they can honestly acquire. On the other hand, the wealthy should not oppress the poor, should not ostracise them socially, and should not be ambitious to acquire all the riches in the world, for, like their poor neighbor, they too, will lie down and die some day and cannot take a farthing with them. People must lay aside selfishness and avarice, learn to be satisfied with a reasonable amount of success in life and extend a helping hand to the

unfortunate. Every man should be given a chance to earn an honest living that he may give his family a respectable home and his wages should not be cut down from time to time in order that the profits to the employer may be increased. The poor man has certain rights which should always be respected and he is entitled to fair and honorable treatment at all times. If this is accorded him he will be contented. He will not only not commit crime himself, but will use all of his influence to prevent others from commiting it. Those physically defect, rendered such by the deprivation of poverty, will maintain a normal condition of health and morality and become valuable citizens. The third chief element leading to the commission of crime and the production of mental and physical perverts, viz: sexual perversion, is probably not so clearly understood nor so frequently thought of as the other two. The state is supposed to be the protector of morality in the struggle against sensuality, but that it entirely fails to afford satisfactory protection is well known to every one. Criminal statistics prove that sexual crimes are steadily on the increase and moralists naturally conclude that our laws are not severe enough in the punishment of the perpetrators of these crimes. In this opinion they are probably mistaken, for no form of punishment, no matter how severe, will completely blot them out. Take for instance, the crime of rape, one would think the taking of life would be a sufficiently severe punishment to check it, but such does not seem to be the case. Every little while we read an account where some lustful brute has been arrested or lynched by an enraged mob for committing the hideous crime of rape and yet these sexual crimes do not appear to become any less frequent. These culprits know very well what their punishment will be if an angry mob gets hold of them, but all the mobs and courts and sheriffs in the land are not sufficient to stop them. This proves quite conclusively that the remedy does not lie in the infliction of severe penalties such as are inflicted to-day, but that if there is a remedy, it must be sought else-

where. The medical man accounts for the commission of these monstrous crimes by discovering that a certain abnormal or pathological condition, either inherited or acquired, often exists which causes defective individuals, excites abnormal sexual instincts and induces proverse sexual acts. It can be easily understood how such conclusion is justified, especially when we notice the increasing number of sexual crimes committed on children. An assault upon a little girl by a lustful brute is not caused as a rule by the normal promptings of sexual instincts, but by a perverted mentality and sexuality. Such horrible crimes as those committed by 'Jack the Ripper" were undoubtedly prompted by a perverted sexuality, and they were committed for the reason that in no other way was there experienced any gratification of lust. It cannot be longer doubted, therefore, that neuro-pathic and psycho-pathic states are largely determinate for the commission of sexual crimes. The fact has frequently been noted by many of you no doubt, that some persons are much more predisposed to the commission of crime than others—so much so that many have pronounced them natural criminals. This tendency to commit crime seems to become quite as natural to those persons as righteous acts become to others. They are unable to control their criminal instincts and it may be said of them that they are criminals because they cannot help themselves. It is not always an easy matter, however, to draw the dividing line between criminal sexual acts (or criminal acts of any kind for that matter) committed by a neuro-psychopathic individual and one of sound mind and body, hence in all cases of this kind it is better to have a medical expert to make a psychiatric examination before punishment is inflicted. Owing to the superficial treatment of acts that deeply concern the welfare of society, it becomes an easy matter for justice to treat a delinquent who is as dangerous to society as a wild beast, as a criminal, and after punishment, release him to prey upon society again; on the other hand, scientific investigation shows that

a man mentally and sexually degenerated, and therefore irresponsible, must be removed from society for life, not as a punishment but as a necessity. A judge or jury that considers only the crime and not the individual who perpetrated it is always in danger of injuring not only the morality and safety of society, but also the honor of the individual. The nature of the act cannot in itself determine the decision as to whether it lies within the limit of mental pathology or within the bounds of mental physiology, for it must be remembered that some of the most monstrous of perverse sexual acts have been committed by persons of sound mind. The perversion of feeling must be shown to be pathological. This proof is to be obtained by learning the condition attending its commission, and by proving the existence of a general neuropathic or psycho-pathic condition. One of the strongest proofs, perhaps, of the pathological significance of a sexual crime is repetition of the act under identical circumstances and the impulsive manner in carrying it out. The decision, however, must follow after considering the abnormality of thought and feeling, and after showing that this abnormality is but one symptom of a general neuro-pathic condition, being an arrest of mental development or a condition of psychical degeneration. The unfortunate fact remains that men are much more inclined to allow their sexual instincts to full sway rather than to retain them under complete control, which fact renders it not only difficult to determine the pathological significance of sexual acts, but does much to establish distinct pathological states and to stimulate the perpetration of sexual crimes. I believe that it can be safely asserted that sexual dissipation is one of the most serious dangers which threatens the permanency of our moral institutions and the welfare of our race, for it not only leads to the commission of the most loathsome of crimes, but to the birth of a race of mental and physical perverts. The sexually diseased parent cannot help but transmit some of his infirmities to his child so that from the moment of its birth it

is itself a victim of its parents' sins and greatly predisposed to the commission of sexual crimes as it reaches mature years. This is a fact, the importance of which, can hardly be stated with too much emphasis. When we come to realize the fact therefore, that there is a steady increase in crime, insanity, pauperism, and sexual perverts, the subject becomes one of the most profound importance not only to you and me, but to every individual member of civilization. The intense necessity of seeking and removing the causes that precipitate humanity into such a deplorable condition becomes painfully manifest, and every self-respecting man as well as every man who hopes to see a better condition and a better race of people must not shirk his responsibility in endeavoring to remove them. The use and sale of intoxicants must positively be restricted, notwithstanding ambitious but cowardly politicians who consider their election hopeless unless they can procure it by means of whiskey and fraud. Labor and capital must adjust their difference, which cannot be done without fair and honorable treatment of the laborer and a subjugation of greed and selfishness on the part of the employer and employe. Sexual excesses and dissipation must of necessity be overcome if we would ever hope to lessen sexual crime and develop a strong and noble race. While our laws now in force have had a wholesome effect in lessening these evils, it is quite evident they fall far short of accomplishing the purpose for which they were intended, for the very evident reason that they do not remove the causes that render the existence of such evils possible. With regard to the disposition of criminals, paupers and the mentally and physically defect, I am in hearty accord with the views expressed by Dr. Chapin, who says: "More attention should be paid to prevention, but our greatest endeavors should be devoted to combating the conditions that are at work in society producing the unfit, rather than industrially providing for their survival. Advanced sociology will devote its principal energies to avoiding the production

of the unfit, and then see to it that they do not survive beyond one generation." This is certainly most excellent counsel. As hereditary tendencies constitute a most fruitful factor in the production of criminals and of the mentally and physically defect, it would seem incumbent to revise and restrict our marriage laws. Like causes produce like effects, hence it must be admitted that if criminals or those of perverse mental or physical conditions be allowed to marry they will almost certainly transmit similar proclivities to their offspring. All paupers, feeble minded persons, and those who manifest signs of physical or mental degeneration should be prohibited from marrying, and in this way the great army of defects that is yearly added to our civilization would be materially lessened.

BUFFALO, N. Y.

DIPHTHERIA.

BY E. L. DOWNEY, M. D.

This term, which is used to designate a dangerous and often fatal disease, is derived from the Greek word "Diphthera," which means skin or membrane. The disease itself results from an inflammatory condition of the mucus membrane, which is dependent on constitutional causes.

The existence of this disease is produced by the introduction of some particular virus, or poison, into the circulating system by which the blood is poisoned, producing disorganization; from which disorganization decomposition of the parts necessarily ensues. In proportion to the intensity of this virus will be the degree of its development in the body, and the rapidity of the progress of the disease, and its greater or less tendency towards a fatal result.

The susceptibility of different persons to the influence and effects of this disease depends, in a great measure, upon constitutional peculiarities. Accordingly, we find the disease exhibiting different forms in different cases. In some it is mild, in others more severe, while in others again the disease takes hold of the patient with such fatal power that the physician discovers at once, and at first, that death is almost inevitable.

Many a practitioner, especially those of the Allopathic school, commit a great error in supposing that this disease is local in its nature; that it is confined wholly to the throat. Hence their failure in many cases to cure it. This disease is not local, but constitutional, and should be treated accordingly.

The first symptoms which are generally exhibited by persons attacked by this disease, are the usual symptoms of

fever. Several days may elapse, after a patient is taken with it, before development is complete. Then follows the swelling of the glands of the throat; though in some cases little swelling is perceptible. Soon the tonsils become hard, and the tongue is generally covered with a white coating. The tip and edges of the tongue are reddened to a greater or less degree, which appearance is indicative of a congested state of the mucous tissues. The pulse becomes rapid and feverish. Great prostration of the nervous system ensues, and the vital force is much diminished. Then the eyes become suffused and the face heated and flushed. If there are any sores or wounds on the body, they assume an angry and inflamed appearance, the same as in hydrophobia. They soon also begin to suppurate or run, showing that the disease has introduced putrid matter, or elements, into the circulation, as well as into the fluids of the body. The liver becomes torpid. The secretions of some of the membranes become acrid and impure, with a strong, offensive smell. This inflammatory condition sometimes extends to the bronchial mucous membrane, and during the respiration of the patient, that peculiar wheezing or whistling sound which always attends croups. A cough like that in cases ot croup is also a characteristic of the disease. Then follows a collapse of the air cells of the lungs, which is the last stage ot the disease. If the patient is not relieved, death is the inevitable and speedy issue.

During the progress of these symptoms, the blood becomes carbonized from the fragments of the broken-down tissues; the appetite is bad; the extremities are cold, indicating that the obstructions to the full and free circulation are so great that the vital force which remains is unable to overcome or remove them; the capillary system becomes gorged with dark venous blood; the great nerve centres of the body become paralyzed, and exhibit an aspect of torpidity not unlike paraletic hydrophobia. Some are the principal systems which mark the presence of diphtheria. In some cases, however,

the symptoms are slightly different, but these will be generally found to be the predominating ones.

Many of the symptoms that I have enumerated, are to be found in any of our text-books, but I have been thus explicit as argumentive of the constitutionality of the disease, and because a rational treatment should be deduced from the known nature thereof.

Anti-toxic serum has been lately introduced into this country from abroad, as an almost infallible remedy in the treatment of diphtheria.

How such a serum can act as a preventive, or cure, for diphtheria, is a question "that will not down."

The French promoter, associated with Pasteur, maintains that "both immunity and cure are brought about through the increased cell resistance due to the introduction of the antitoxine."

That is upon the hypothesis that the disease is local; for the serum remains localized at the point of inoculation, never spreading further than the nearest lymphatic glands.

Professor Behring, the German investigator, claims that the inoculations which remain in the blood, destroy the poisonous products of diphtheria. Should that prove true, there would be no question of a mortality percentage. It would cure all cases.

The lymphatic vessels and glands are not supposed to secrete material into the system, but simply to change the character of the fluid passing through them. In this sense they are considered the outguards of the body, defending it from improper materials forced into the system, as in the extremities; these glands, situated between the point of insertion of the poison and the body, become swollen and inflamed, and it is found that they secrete the foreign substance into their cells and retain and neutralize it, or by their softening and supperation, they break out, and thus by a discharge remove the offensive material.

When I take a survey of the contradictory, the extravagant, the manufactured statistics, the twenty-five per cent. death rate, I am forcibly driven to the conclusion that the antitoxine treatment, as a cure for diphtheria, is nothing more than a chaos of confusion—a tissue of error, and of dangerous unprofitable experiment. It will float down the stream of time as did Brown-Sequard's "Elixir of Youth and Life;" Koch's "Tuberculin;" Pasteur's "New Intentive Method;" with neither helm to steer by, nor compass to direct its course. When, like them, it is stranded upon the shoals of misery, there it will remain, a huge monumental pile of ignorance, to their already waning glory of scientific and professional fame.

These foreign doctors have gone wild, while American physicians, practicing along the lines of rational medicine, are decidedly on top.

The Allopathic school, proceeding on the false theory that the disease was a local one, have applied a local remedy. Their favorite treatment has been that of cauterizing with nitrate of silver. Their more recent treatment is to spray the throats with chlorine water. It is evident that the effect produced by these agents, must be limited and wholly unable to reach the causes of the disease. What is wanted is something to remove the congested state of the fluids. Unless that be remedied, as the first and preliminary step, it will be impossible to produce a favorable result; and to accomplish this the most active and efficient remedies are requisite

The proper theory of this disease, together with considerable practice in connection with it, clearly prove that stimulants and relaxants are the most efficient and successful agents in curing it. These are to be used in order to stir up and excite the dormant curative powers of nature herself, by which she will be able to throw off the pernicious and offensive element which has invaded the system and caused the disease.

Keep the bowels open, the skin active, the kidneys as free as possible. By making the skin and kidneys do extra work, the glands of the throat being helpless, the system gets rid of foreign matter that it otherwise would not.

The treatment is threefold: first, to use means to remove the congestion which exists; second, to produce an elimination or throwing off the material of the disease as rapidly as possible through every outlet of the body; third, to sustain and increase the strength of the patient during the progress of this treatment.

But to be more particular, give spirits of nitre, frequently. The effect will be to assist the kidneys in resisting the power of the virus, or essential cause of the disease. The capillary system will become less constricted, giving a free and easy motion to the fluids. Small doses of quinine will sustain and increase the strength of the patient, and it is the best heart tonic that I know of. Give cathartics, podophyllin, laptandrin, scamony, cascara sagrada, or any of the Eclectic remedies; should podophyllin be chosen, it should be given in such form as will carry it by the glands of the throat without irritating them. As an external local application, apply spirits of turpentine to the throat, and cover it over with a flannel cloth. It will act as a counter irritant and enough of the turpentine will be absorbed and breathed into the lungs to relieve them, and to prevent the air passages of the throat from beginning to close. A strong decoction made from cranes bill, geranium root, and used cold, as a gargle, is the best known remedy with which to remove the ashy-white membrane. Alcoholic stimulants, in the hands of a trained nurse, are the best; but should you be obliged to trust relatives and friends to care for the patient, an infusion made with twelve grains of capsicum and a gill of water to which, when cold, a gill of milk is added, will be found an excellent stimulant. Pleurisy-root, swallow-wort, as a diaphoretic and expectorant, is unrivalled. Warm baths, especially hot foot-baths, daily, are always good.

BUFFALO, N. Y.

ASCLEPIAS TUBEROSA.

BY E. B. FOOTE, M. D.

Probably there is not a physician in the sound of my voice to-day who has not used in his practice Asclepias Tuberosa. It is hardly to be presumed that there is an *Eclectic* physician in the civilized world who does not employ this valuable remedy in some cases, and finally I am quite ready to believe that there are those here this moment who could prepare a better, more comprehensive, and more instructive paper upon the virtues of this plant, than the one I am about to submit. But if what I am about to present will awaken discussion and bring out the experiences and observations of practitioners in its employment, my effort will not prove fruitless or barren of practical results. Before deciding to prepare an essay on Asclepias Tuberosa, I looked (perhaps too hastily) in the published Transactions of this Society, to see if any paper had ever been read before it giving the views of its writer upon the value of the plant under consideration. I have found absolutely nothing in the indices beginning with the noun Asclepias. There are doubtless articles treating upon diseases to be found in the volumes of the Society wherein Asclepias is prescribed. Next I searched in my library for a little compact volume entitled "Guide to Health," published in 1835 by Dr. Sam. Thomson, and on finding it thumbed its closely printed pages to see if Asclepias Tuberosa entered into this original man's pharmacopeia; but I found no allusion to it. Wooster Beach employed it in his "Family Practice," but mentions it simply as he does other good medicinal plants. He speaks of it in his "American Practice," published in 1854, as a "popular remedy for pleurisy" and says "it is used in the

form of a tea to promote perspiration." He also recommends it for colic, flatulence and lung complaint. Naturally I turned to early Eclectic *authority*—the American Dispensatory, by Dr. John King, a name that will ever be cherished by every Eclectic practitioner, and one that will ever be revered by those who are heartily in step with reform in medicine. Here I found under the sub-heading of Properties and Uses, the following: "Pleurisy root—one of its popular names—is much used in decoction or infusion for the purpose of promoting perspiration and expectoration in diseases of the respiratory organs, especially pleurisy, inflammation of the lungs, catarrhal affections, etc. It is likewise reputed carminative, tonic, diuretic and anti-spasmodic. It does not stimulate. Acute rheumatism, febrile diseases, dysentery, etc., have been benefitted by a free use of the warm infusion. In dyspeptic complaints it is frequently efficacious, and when combined with Dioscorea Villosa it is very beneficial in all cases of flatus in adults and children. A number of cases of prolapsus uteri have been cured under the use of one ounce of pleurisy root mixed with half an ounce of the root Aletris Farinosa and given in drachm doses three times a day. In uterine difficulties this plant deserves further investigation. It is," continues Dr. King, "undoubtedly one of our most useful agents." It is evident from what is quoted that the able editor and compiler of the American Dispensatory foresaw wide uses for Asclepias Tuberosa, and this was in 1870, the quotation being copied from the eighth edition. Previous editions, issued in 1859 and 1864, I am not familiar with, nor could I easily obtain them for reference. What I have quoted, however, answered very well for over half a century ago, and suffices to show that one of our earliest and ablest Eclectic writers was behind no one in recognizing the value of the plant in the treatment of quite a variety of human ills. Further time and experience revealed its uses in many other diseases besides those named by Dr. King. It was something of a disap-

pointment to me, however, that I could not find in King's Dispensatory something to show who was the *first* to employ the plant in medicine. According to the United States Dispensatory it had long been employed by the profession in the southern states. It is more abundant in the south, although indigenous throughout the United States from Massachusetts to Georgia, and as far west as Texas. But who, I repeat, was the first to employ it? The American Cyclopedia, published by the Appletons over twenty years ago, speaking of the forty different species of the plant, remarked that several of the species have a reputation among the *herb doctors*. Evidently, therefore, the botanics were the first in civilized communities to appreciate their value in medicine. But nowhere could I find the date of the first introduction of Asclepias Tuberosa to what is called the "regular profession." After a vain search through my library to discover if possible, this interesting fact I was not so much surprised that it was not to be found in the Bible of Eclecticism. It is not given in the United States Dispensatory nor in the National Dispensatory, nor indeed in any of the encyclopoedias to which I have had access. I began to fear that Asclepias Tuberosa was a smart and promising foundling without known parentage, until I chanced to have an opportunity to refer to a large and comprehensive Homeopathic work of many handsome volumes, entitled "American Medicinal Plants," by Charles F. Millspaugh, M. D., and published by Boericke & Taefel, copyrighted in 1887. "Pleurisy root," remarks this writer, "has received more attention as a medicine than any other species of its genus, having been regarded (note this) *almost since the discovery of this country*, as a sub-tonic, diaphoretic, alterative, expectorant, diuretic, laxative, escharotic, carminative, anti-spasmodic, anti-pleuritic, stomachic, astringent, anti-rheumatic, anti-syphilitic, and what not?" This "what not" is given with an interrogation point. It may well be put in the form of an interrogation for I have found it efficient for nearly

every disease for which I have employed it. The foregoing writer says it has been known "almost since the discovery of this country." Well, if its origin as a medicine dates so far back as that, why not give our aborigines the credit of it? It certainly has the earmarks of their heredity. It is doubtless the foundling of the red man. According to Dr. Millspaugh, "Schoepf first brought it before the medical profession, followed by Drs. Barton, Chapman, Eberle, and Parker, each of whom found it often reliable." Just who these medical brethren were I am not able to ascertain, or to what school they belonged. If their christian names had been given we might be able to ascertain, but quite likely they did not live before Wooster Beach or John King, and it is at least probable that the fathers of Eclecticism were the first to bring this valuable remedy to the attention of the profession, for their minds were ever open to the consideration of all new alleged remedies without regard to their source, and a large number of their most valuable medicinal agents were obtained from the unlettered aborigines. The fact has already been revealed by the American Cyclopedia as heretofore quoted, that in 1875 it enjoyed a reputation among the herb doctors. This is significant If it had been used to any extent by the profession at large, the editor of the article in Appletons' would hardly have spoken of it as a remedy used simply by the *herb* doctors. Our great-great-grandmothers most likely caught it up from the North American Indians and used it in their families, and the herb doctors followed in their wake. Who among the Eclectic profession have not learned something from their grandmothers? Finally, the rise of Eclecticism from the ranks of the people brought it to the attention of the profession. I suppose the late Dr. B. Keith can be claimed by the Eclectics. At any rate, he was a medical reformer, and he was among the first to utilize indigenous and foreign plants in preparing concentrated medicines for the use of Eclectics In a work published by B. Keith & Co., as far back as 1858, edited by

Grover Coe, M. D., may be found the most appreciative treatise that has come to my attention on Asclepias Tuberosa. In that volume may be found the following: "No other remedy with which we are acquainted is so universally admissable in the treatment of disease, either alone or in combination. In fact we can think of no pathological condition that would be aggravated by its employment. It expels wind, relieves pain, relaxes spasm, induces and promotes perspiration, equalizes the circulation, harmonizes the action of the nervous system, and accomplishes its work without excitement; neither increasing the force or frequency of the pulse, nor raising the temperature of the body. It is of especial service in the treatment of affections involving the serous membranes, as pleuritis, peritonitis, etc." This writer recommends Asclepias for the following long catalogue of diseases: Fevers of every type, pneumonia, croup, peritonitis, pleuritis, rheumatism, colics, colds, coughs, hepatic derangements, constipation, whooping cough, hysteria, amenorrhoea, dysmenorrhoea, leucorrhoea, menorrhagia and inflammatory diseases of every type. Asclepias Tuberosa, according to Dr. Coe, "is one of the most valuable remedies in the advanced stage of phthisis pulmonalis that we have ever employed. ** "We shall," says Coe, "frequently refer to it when treating of other remedies, as no other agent will admit of so frequent and promiscuous combination. It may be thought," adds this writer, "that we are too sanguine in our advocacy of the virtues of this plant; but we rely upon a verdict in favor of the truthfulness of our estimate from all who have had a similar experience with ourselves." In another place after speaking of its frequent use in combination he says: "The only difficulty is that *Asclepias is too frequently looked upon as simply an inadequate remedy which must needs be combined with some more potent agent, and hence it is too seldom employed alone.* Were more confidence reposed in its therapeutic work, it would be found that no one agent manifesting so little excitement in its operation

is capable of successfully meeting so great a number of indications."

W. R. Hayden, M. D., good eclectic authority, in his "Hand Book of Cold, Concentrated Saturates," as far back as 1872, recommended Asclepias Tuberosa and gave its properties thus: Diaphoretic and expectorant, likewise said to be carminative, diuretic, tonic, and anti-spasmodic, without being stimulating. Highly recommended in pneumonia, pleurisy, acute rheumatism and flatulency." He recommended it to be given in hot tea or water, repeating the dose as often as required.

Dr. Millspaugh in the Homeopathic work from which quotation has been previously made, remarks: "Recent writers as usual have looked with doubt upon all its given qualities except mayhap its utility as an expectorant and diaphoretic. The provings however point to it as a valuable remedy in certain forms of dry coryza, indigestion, colic, diarrhoea, dry cough, pleurisy, general rheumatic pains, and certain skin difficulties." Morrell in his Digest of Materia Medica and Pharmacy (1883) speaks of it as valuable in diseases of children to allay nervous irritability. Then follows its recommendation for a great variety of other affections already mentioned in quotations from other writers. Parke, Davis & Co. in Organic Materia Medica, (1888) advise its employment in inflammation of the lungs, acute rheumatism, and for nearly all the difficulties for which other authorities have commended it In the United States Dispensatory (1889) Dr. Paulding of Norristown, Pa., is quoted as saying that when "given freely it diminishes the volume and frequency of the pulse while it produces copious diaphoresis," and Dr. Goodbrake, of Clinton, Ills., is quoted as regarding it as a sedative. My observations in its use lead me to believe that both of these authorities are in error, when speaking of it as a sedative or as a remedy which diminishes the volume and frequency of the pulse. It is without doubt a hypnotic, but neither a sedative nor yet an anodyne. It does

not produce sleep by depressing the vital forces nor does it quiet pain by decreasing the sensibility of the nerves. Nor does it relieve pain by lessening functional activity. It is soothing and quieting simply because it helps nature to restore its normal equilibrium, and to again quote Dr. Coe, "It equalizes and harmonizes the action of the nervous forces." Asclepias Tuberosa arrests inflammation with as much certainty as alcohol stops fermentation. Had it been employed during the early part of this century in place of the lancet in inflammatory and congestive affections, the old school would better have retained the confidence of the people. There would perhaps have been less provocation for the founding of new schools in medicine. It is absolutely safe and harmless in all cases, and that perhaps is the reason that by many it has been considered in a measure inert. It has been more largely used in combination than otherwise—a vehicle for other more concentrated and active drugs. This is the way in which I regarded it until I took up my residence in the suburbs of New York six years ago. Not wishing to practice in the village of my residence where I sought rest rather than the cares incident to medical practice, I had at hand but few remedies for home use. Among the limited number was Asclepias Tuberosa. I regarded it invaluable in throwing off the effects of a cold. With plenty of it in my medicine closet I prescribed it for about everything and everybody and much to my surprise I found I was getting exceedingly popular in consequence of my success. Had more home practice than was desirable. It has proved remarkably efficient for nearly if not all the ills for which it has been recommended. Not being in acute practice I have not had opportunity to try it in all, but since discovering its availability among my suburban neighbors I have made much greater use of it in my office practice here in New York and with a coutinued and growing confidence in its virtues. In my hands it has been especially valuable in relieving insomnia. Many peculiar cases might be cited to sustain this recommendation. In cases of influenza

it is almost a panacea. In clearing up the effects of grippe there is nothing in the range of medicine that is better. In hysteria it may be relied upon. If attacks of this nature proceed from general nervous troubles it quiets the nerves. If it arises from some derangement of the stomach, its administration relieves stomach irritations; if the hysteria results from some exciting causes in the reproductive organs the remedy at once relieves the local disturbance. Rheumatic gout and all forms of rheumatism are greatly relieved by its use. Those practitioners who have been in the habit of using it in various combinations will be likely to find that it is equally efficient without additions. Here is where I was surprised. I had employed it for more than a quarter of a century in combinations, and innocently ascribed the good effects of the combinations into which it entered to the more active medicines mixed with it. I am now satisfied the Asclepias was the unthanked and unrecognized agent that was doing the greater part of the good work.

The question might be asked—"would you recommend the medical profession to throw aside all other remedies and depend wholly upon Asclepias Tuberosa?" Well, I have hardly reached this stage of one ideaism, perhaps my position may be better understood by an illustration. When a young man with some leisure on my hands (which I never have now) I used occasionally to play a successful game of cards, and my favorite game was euchre. In this game it was the rule that when one had such a peculiar hand as to be in doubt as to what would be his best play, he must in every such case put down a trump. In my estimation Asclepias Tuberosa is a trump in medicine, standing on an equality with the right bower, and if you are called upon to treat a case of an inflammatory character which gives you some grave doubts as to the best remedy to be administered, I would advise you to have recourse to this medicinal trump of the milkweed family. It will hardly disappoint you. In all *mild* cases of inflam-

matory diseases it is best to try Asclepias Tuberosa before anything else.

In this paper I have not given a description of the plant or its history as found in the Dispensatories. It would be unnecessary to add to the length of this treatise to do so. The formula however I employ, may properly be given. It is as follows: A fluid extract is made by using as a menstrum 75 per cent. alcohol, and percolating with this sixteen Troy ounces of the dry, finely and evenly ground drug to make sixteen fluid ounces. In making up a large quantity it is best to work by the method of repercolation as given in the standard works. In my practice I give one teaspoonful in a little water every two hours until the patient is relieved of acute symptoms, and then three or four times a day when used as an alterative.

NEW YORK CITY.

ORIFICIAL SURGERY.

BY EDWARD H. MUNCIE, M. D., PH. M.

From the time of Hypocrates to the present, the medical world has witnessed strange scenes and listened to many a stranger theory. The authors of these theories, bent upon finding the strong citadel of disease and laying waste its menacing walls, have left no task unperformed to bring about this important decadence.

The hopes of the afflicted have often been raised only to be blasted as one theory after another has fallen by the weight of its own folly, and many of the new doctrines and methods of operation have come far short of expected results when tested by experience.

But, although, during these twenty-five hundred years, so many disappointments have been incurred, the efforts to relieve suffering humanity have not all proved futile, thus the closing hours of the nineteenth century witness a greater advancement in medical skill than in almost any other science. A greater amount of suffering has been relieved and chronic diseases attacked with more assurance of victory than ever before.

It is in this last field that no treatment, medical or surgical has proved itself so efficacious in the relieving and curing of chronic diseases, as the system of Orificial Surgery, which is a result of unselfish, intelligent and unremitting investigation of the causes of chronic afflictions, and like all great truths is evolved amid unjust slander and selfish opposition.

Orificial philosophy asserts as one of its truths, that the majority of chronic diseases, and symptoms attending them, present only condition of reflex disorders.

Orificial pathology embraces, comprehends, and treats

of morbid structural changes in the various channels and outlets of the body.

Orificial surgery is the application of surgical measures to these channels and orifices.

In chronic conditions, surface indications and subjective symptoms are many times misleading, and too often are treated as idiopathic diseases, inasmuch as symptoms of many chronic conditions break forth at points remote from where the real organic disease is located.

To properly understand orificial philosophy, and its application to chronic diseases, one must have a basis in anatomical and physiological facts.

As all influences which play upon the circulation, and consequently have to do with the health and repair of all the elements of the body, reach their destination in the capillary system, by means of nerves, it becomes important to consider the two nervous systems in their mutual relations and separate functions.

The Cerebro-spinal and Sympathetic nervous systems are telegraph and telephone by which mind speaks to matter and matter replies to mind. It is the wonderful entanglement of life wires, whose communications thrill the whole being with delight or plunge it into the depths of misery.

All the happiness of man, his pain, his sickness, his harmony, and his discord, are messages which traverse the life wires, one terminal of which reaches upward to the inexhaustible sources of being, the other grounded in every part and particle of the material organism.

The universal principle of duality, which appears to exist in all created things, finds also an illustration in the construction of the human nervous systems, which whisper together morning and night of their intentions and accomplishments.

The Cerebro-spinal, voluntary, or "masculine" nervous system, is composed of gray and white matter. The gray matter consists of a mass of cell elements, so numerous and

closely huddled together as to form by their association a considerable portion of the structure known as the brain and spinal cord.

The white matter is simply a mass of living telegraph wires connecting different parts of the brain, and uniting the gray matter with every part of the human body over which it presides.

The gray matter is therefore the head-quarters, the central office from which the messages are sent out.

The Cerebro-spinal arrangement is not equal to all the requirements of the body, for although in the morning it awakens to lay its plans for the day, commanding the body to sit or to walk, to laugh or to cry, in short manipulating the whole body to do its own purposes, yet it cannot be relied upon for the purposes of nutrition and repair. In the hours of natural sleep, and under the influence of anaesthetics and narcotics, or in eager activities of the day, the bodily wants of renewal and burial would be sadly neglected, were they not more faithfully sustained by another and more reliable supply of nerve influences—viz: the sympathetic, involuntary, or "feminine" nervous system.

This system seems to be a complete organization in itself. The appearances are that it has an individuality of its own, has its own plans, its own purposes in life, and its own means of accomplishing those purposes. Its brains consist of two sets of ganglia lying parallel in front of the spinal column and extending from the base of the cranium to the coccyx. These and other ganglia are connected with each other by nerve trunks, and communicate with the cerebro-spinal nerves, while yet other nerve cords wander out into the body, forming complicated plexuses about the heart; and a little lower down, near the stomach, congregating to form the great Solar plexus, whose rays, following the arterial trunks extend to the remotest corners of the body, illuminating their dark recesses with glad tidings of food and drink for their daily sustenance.

By means of *tubes*, the commerce of the body is carried on. It is through *these* that supplies are brought, and waste materials are carried away. Secretions, excretions, air and blood all reach their destination and are propelled on their way by these minute muscular structures, which are supplied principally by the sympathetic nerve.

The *motor* nerves of the sympathetic system extend to the involuntary muscular fibres. These preside over peristaltic action; but beside this and other separate functions the two nervous systems intertwine their terminal branches in the plexuses of nerves which wrap around the arterial and venous trees, as vines cling to an oak. They follow the great trees of life from their roots at the heart to their terminal branches in the capillaries, where are fought the battles of life.

The connecting link, between soul and body, is this sympathetic system. It is the very limit of investigation into processes which are purely physical. Here body ends and soul begins. Being the last station on the road of material existence, it is not surprising that we find located here the great magazine or supply depot of life. It has charge of all the weighty matters; everything that requires sleepless vigil and untiring industry is put into its keeping. Its office is always open and it is always attending to business. It never sleeps and is never off duty. As long as life has anything further to do, you can rely on the sympathetic system; and when supreme disaster comes to this human house, it is the last to leave and is still at the keyboard when communication is cut off. It is the only one with whom we can have the last word. Should we wonder, then, at the enthusiasm of those who know it best.

In recapitulation, the *cerebro-spinal system* furnishes us without *special* senses, all conscious sensations, and the *common* sense of touch, and places our physical organizations at our command for the purposes of life as they prompt us to action. The *sympathetic nerve* furnishes the sensations of hunger and thirst, prepares our food and drink, digests them,

circulates them. and provides bodily in every way for our necessities, and orders funeral trains for the removal of debris.

As an illustration in *orificial pathology*, we will consider a diseased uterus, simply because its reflexes are acknowledged by all. An irritation of this organ may affect a woman's heart, stomach, intestinal tract and her nervous equilibrium. It affects her heart because the peripheral ganglia or terminal nerves in the uterus are irritated and the impression travels along the sympathetic conducting cords to the hypogastric plexus, from thence by two routes.

First by lateral chains directly to the cervical ganglia, and second by cords to the abdominal brain and thus to the cervical ganglia.

In the cervical ganglia the forces are reorganized and sent down to the heart ganglia by three cardiac accelerator nerves, which make the heart go too fast or irregularly. The stomach is disturbed because the irritation goes from the uterus to the hypogastric plexus, and from the hypogastric plexus to the abdominal brain. Here the forces are reorganized and sent out by cords along the gastric artery to Auerbach's plexus, between muscular layers and cause contraction, cramps of stomach, or vomiting. The irritation also affects Meisner's plexus just under the mucous membrane of the gastric intestinal tract and causes too much secretion, disproportionate secretion, or indigestion. The woman has intestinal indigestion because the irritation goes to the hypogastric plexus, then to the abdominal brain, and here again forces are reorganized and sent out on the superior mesenteric artery and to Auerbach's plexus and cause too much contraction, or diarrhoea, or too little contraction and constipation; and this affects also Meisner's plexus and causes too much secretion, or diarrhoea, or too little and constipation, or disproportionate secretions or fermentation and colic.

The same irritant may be traced to the liver, by going from the uterus to the abdominal brain, from the abdominal

brain along the hepatic artery to the hepatic ganglia which affects the rythm of the liver and causes it to make too much bile, glycogen, and urea, or disproportionate bile, glycogen, and urea, in which its function is disturbed, and it may become congested, hypertrophied, or degenerated.

The excessive or disproportionate secretions are absorbed partly by the blood and show in discolorations or blotches on the skin.

Irritation of terminal sympathetic nerves, if continued, will carry the patient through five different stages; the first is simple irritation by its reflex affects on the blood supply and digestive tract, indigestion being the result; from indigestion comes mal-nutrition, from mal-nutrition comes anaemia and from anaemia comes neurosis or hysteria, then the patient consults the physician, and probably not before, as no special pain may have been realized.

In like manner may irritation of the pudic terminals at the rectum, as produced by ulceration, hemorrhoids, erosions, pockets or papillae, write its story of distress upon the feet, limbs, back, bladder, uterus, kidney, liver, stomach, heart, head, face, or coats of blood vessels, as suits its pleasure.

"Thus it is proved that the pudic nerve from its five principal terminals is the bearer of more messages of discord, than all the other nerves combined."

Observation has settled the fact that the nerves that are bundled in the pudic nerve have in a special and peculiar manner the power not only to cry out for themselves, but to make any and all other nerves of the same body to cry out for them. In other words, that nine-tenths of all the reflexes of the body are due to irritation of the pudic terminals. It seems clear that nature has keyed her organism to the note of reproduction. She has made the demands of the generative organs paramount in importance to all others and has linked them together in bonds of double union. That the organs charged with the greatest of all functions, should be empowered to lay every other part of the organism under

heavy tribute, and to call upon any and every part for aid, either offensive or defensive, is at once expressive of both good generalship and highest wisdom. Why she has included the nerves of the rectum and the bladder in the same group and endowed them with equivalent reflex ability is a matter only for conjecture. Suffice to say, the five branches of the pudic nerve, viz: those supplying the bladder, the rectum, the penis or clitoris, the labia and perineum, and the uterus and its appendages, have this special endowment and are responsible for the major part of the reflexes encountered in chronic cases.

Among many new facts gained in the study of orificial philosophy relative to the habits and modus operandi of the sympathetic system, nothing equals the great discovery that the spincter ani holds in its embrace the nerve of last resort.

In recent death apparent if not real, due to accidents of still birth, asphyxia, narcosis of any kind. drowning, etc., nothing has the power to reach down into the grave and rescue the lost, like forcible and methodical dilation of the rectal sphincters.

A knowledge of these nerve distributions, explains how every phase of neurasthenia, or malnutrition may be influenced or overcome, and thus points the way to health for millions hitherto beyond our help. Many can speak thus positively because they have seen the things about which we are testifying, and because every earnest physician ought to be led into an investigation of that which has become veritable fact.

While it will never be possible for finite man to conquer all the influences that enter into the make-up of every invalid record, all chronic invalids will from henceforth be looked at through different lenses, and they will be regarded from a different standpoint of observation; and none will be passed as incurable till all nerve terminals, capable of inflicting disorder shall be exonerated from blame. This will rescue

many otherwise doomed to consumption or other physical decay, and deliver many who are now insane or even behind the bars for various reasons, yet unrecognized in courts of justice

A few recent cases in our practice will substantiate these assertions.

One morning a physician of large experience in gynaecological practice called at my office, to know if what she had heard was true, with regard to results in a certain class of chronic cases. "If so" she said, "new light and life will come into my practice, and rid my waiting room of many shadowy forms which haunt me by night as well as by day. There are so many to whom only temporary relief has been given, and ordinary operations have offered nothing but more suffering. If you can cure these patients by orificial surgery, I am ready to begin life over again."

One week later, this physician—an object of pity, whose patient face revealed at once volumes of untold suffering—entered our sanitarium for the purpose of undergoing the necessary surgery.

Her history was as follows: Age 38, single, dysmenorrhea always; upon arising in the morning a severe frontal and occipital headache, lasting all day rendered her life wretched; later severe disturbance of the digestive tract was added; and still later, the pelvic pains which had been confined to the menstrual periods, only, became more severe and lasted all the time, until occasional attacks of cellulitis were added to her already miserable existence. Prescribing and local treatment availed little. One year before her operation she had remained at the doctor's home, and by constant and careful attention, the frequently recurring attacks of localized peritonitis could be kept down, but nothing more.

The operation was performed March 30th, 1895, being the Pratt vaginal hysterectomy. An intra uterine as well as many interstitial fibroids were found. The ovaries had de-

generated into poly-cystic tumors, involving the fimbria and outer third of both tubes. Her recovery was perfect. Patient writes, "I feel like hopping, skipping, and jumping, and wonder what new spirit you doctors imparted to me, and where the old life has gone. No headaches, no pains. My gratitude I can never express."

Case 2. Mrs. H., age 48, married, has three children, and never has been well since the birth of her first child. When a girl she was not strong. This patient was so weak that when she walked stooped, declaring that her shoulders were heavy. She suffered very little pain. Her only complaint was, "I am too weak to hold myself up." This had been her condition for twenty years, and for nine years of that time she had been my patient. But with all I could do, she grew weaker year by year, until even a caller staying twenty minutes would completely prostrate her for several days, meanwhile having sinking spells, and unable to speak above a whisper.

As this case was in the early part of my experience with orificial surgery, I hardly had the courage to urge an operation, although I believed it was the proper thing; but she finally was failing so very rapidly that I said, "there is but one chance," and advised an operation, to which the family after some time consented. We had expected to do trachelorraphy and the American operation on the rectum, but finding the ovaries in a condition rendering anything but total extirpation dangerous, we rapidly proceeded to do a vaginal hysterectomy.

She made an uneventful recovery, going to her home in three weeks, much stronger than when she came; and now counts herself a strong, well woman.

Case 3. Miss S., age 19, whose father was insane, presented herself apparently following in her father's footsteps, with the addition of chorea, and a severe racking cough, with prufuse purulent expectorations, and mucous *rales* throughout the lungs. Diagnosis of catarrhal phthisis had

been made by her former physician, who said, "if they operated on her she would never awaken from the anaesthetic."

Local examination revealed adherent prepuce, hypertrophied labia and hymen, prolapsus uteri, cystic degeneration of the cervix and rectal pockets and papillae. All the points of irritation were thoroughly cleared and the uterine cavity curetted and packed.

The choreaic motions ceased immediately. The facial expression became happy, the mind perfectly clear, and in a few days the lungs were nearly normal and cough gone. She was discharged from the hospital in three weeks, and with a little after treatment to maintain the uterus in perfect position, the patient has been enabled to teach school ever since three months after the operation, which was over three years ago.

Case 4. Lillie, aged 4½ years. When two years of age an attack of marasmus left her so irritable that she would not remain out of the arms of father or mother, either sleeping or waking; would scream violently if a stranger entered her presence.

A hydrocephaloid condition in the meantime developed very rapidly, so that when we saw her, it was characteristic. Once in four days a passage of the bowels was accompanied by spasms just as the large hard mass passed the sphincter ani. Examination revealed the hood of the clitoris entirely bound down, and five large papillae in the rectum. Under chloroform these were removed and the clitoris freed, resulting in a good night's sleep, for the first time in two years.

The next day she played on the floor, and the fourth day after the operation walked the length of the lounge voluntarily, and had a comfortable passage of the bowels. She soon returned to her home to develop and live as other children. We saw her last summer, which was about one year since the operation, and she was running, talking and

playing with other children. The hydrocephaloid head had waited for the little face to catch up to it.

Case 6. Mrs. P., age 53, married, of nine pregnancies had only one which passed to full term; had been insane for eight years, and confined three different times in as many asylums; also was suffering from valvular heart disease. The best mental specialists had been consulted, and had each in turn pronounced the case as incurable and passing on to dementia.

Examination revealed rectal and uterine pathology, to a slight degree, and as some had said, "not sufficient to cause this mental condition." The condition, however, was so general as to lead us to decide upon a vaginal hysterectomy, which demonstrated a cystic tumor attached to the base of the bladder, and much scar tissue on either side of the uterus, caused by healed lacerations. It is now one year since the operation, and the patient has been in a perfect mental state since the second week after the surgery.

That all cases do not respond as quickly as some of the foregoing, is illustrated in the following case.

Case 7. Mrs. M., age 34. Had puerperal mania after the birth of her first and only child, five years previous to her entrance for treatment. Frequent attacks of illusions and hallucinations occurred during the five years, until when she was brought for consultation, she was indeed a candidate for confinement, having been pronounced by mental specialists, "a hopeless case," and when one was consulted as to advisability of attention to the pelvic disorder, he replied, "it will be money thrown away." However, the patient who possessed a badly lacerated and retroflexed uterus was placed in our care, and we repaired the cervix at the same time removing all lesser points of irritation about the orifices.

The patient was quiet and rational for three days, when an aggravation of her mental condition developed, until she became unmanageable, and at the same time a profuse hemorrhage occurring from the uterus. The nurses in attend-

ance, very wisely packed and repacked the vagina, until the doctors arrived, when it was found necessary to tie the uterine arteries, as sloughing had taken place about the cervical stitches, extending directly into these arteries. The diseased tissue was at the same time scraped away. All this demonstrated that the organ was doomed to extirpation, but we hoped to have a few days after this procedure to make up for loss of blood, before this more critical operation should be undertaken. The mania, however, intensified by the anaemic condition due to the great loss of blood, as well as the immense amount of irritation at the uterus, brought us face to face about midnight, with a patient who in a very few hours of acute mania would die from exhaustion, unless something was done. No sooner was the position taken in, than orders were given, and with three good nurses and two doctors, it was not many minutes before the patient was asleep and not many more before the offensive organ was removed. the patient's life preserved.

She was quiet for a few days, but this was not to continue, and in the three week's struggle which followed, it seemed that two spirits, one commanding, the other opposing, possessed her and were each fighting for supremacy. During this time it was necessary to feed her with a nasal tube. At the end of three weeks when failure seemed inevitable, her reason began to dawn, appetite becoming natural, sleep refreshing, and a general quietness bespoke victory. Two weeks later she was delivered to her happy parents in her right mind, who tell us that she is perfectly well. This last operation occurred in October of 1895.

Case 8. Miss H., age 37, single. At the age of fourteen suffered from an attack of spinal-meningitis followed by a motor paralysis and atrophy of lower extremities, with a disinclination to make any physical effort.

After several months she was relieved of the paralytic condition, and one year later was able to pursue her studies; but each following year she became weaker, until at the age

of twenty-seven she was confined to her bed, where she remained for nine years.

During this time specialists of various schools of medicine were consulted and as many varied diagnoses made, all along the line from ovarian to aortic aneurism.

All, however, agreed to the previous diagnosis of spinal-irritation, and consequent hyperaesthesia of the pelvic organs and abdomen.

Each in turn had failed to give relief, so consoled the patient with the admonition "to hope for the menopause to relieve her from suffering.

During these nine years, and when first seen, her symptoms were as follows: Constant pain and throbbing in the right temple, and dizziness at every movement of the head, appetite variable, and sleep disturbed. At intervals, pain would occur in the left hypochondrium, followed by a profuse discharge of stringy mucous from the bowels, and would leave her very weak for several days after its cessation. Abdomen was at all times extremely sensitive to pressure.

Upon arising from the recumbent position, there appeared a bulging and tenseness on either side of the median line, on a level with the umbilicus above, and extending to the pubes below. The median line from umbilicus to pubes appeared depressed as if by strong adhesions.

Only for the frequent attacks of cellulitis this supposedly large ovarian tumor would have been operated upon by one of the physicians in the early history of the case.

Menstruation was regular but painful, the discharge at first appeared as a reddish brown powder, by the second day becoming pasty and black, and the third day arriving at a scanty flow of pinkish liquid, which remained about four days. Urination was accompanied by severe tenesmus, often occupying one-half hour for its accomplishment.

In the region of the clitoris, there frequently occurred a darting neuralgic pain. In the limbs were occasional stinging, pricking and numb sensations.

When attempting to sit erect, in addition to most intense pain in the head and pelvis, there was a sensation as though needles were running upward through the spine and abdomen.

When attempting to stand or walk the limbs would feel as it turning in the sockets at the hip joint and would actually give way. allowing her to fall. The patella reflex was greatly exaggerated.

Throughout the entire sickness her mind was remarkably clear and cheerful.

When an examination was suggested, both mother and daughter protested, because every time an examination had been ventured, a terrible aggravation of all symptoms, with a rise of temperature resulted; also intense peritonitic pains from which it would require one week and often longer, to completely recover. As this was the only course which we could pursue, and having convinced them that we cared not for "spinal trouble" (?) as it was due to pelvic conditions, and not the pelvic inflammation due to that, as they had been led to believe, they anxiously allowed an examination, not under an anaesthetic, however, for it had been said it could not be given safely.

I found the abdomen so sensitive, that a bimanual examination was impossible; even the weight of clothes was at times unbearable. Sufficient, however, could be felt with the index finger, to determine a globular mass in the posterior culdesac. This afterward proved to be only an hypertrophied, retroflexed uterus.

There was also an adherent and hypertrophied prepuce, a thickened elongated labia, an irritable hymen, and the vagina was studded with papillary growths.

In the rectum were found two papillae and three pockets.

As my patient's family were not yet ripe to operative procedure under anaesthetic, and as I was not positive about the so called ovarian tumor, I asked for plenty of time and

perfect freedom to do as I believed best even if peritonitis resulted, which privilege was granted.

The first step, therefore, was to loosen the hood of the clitoris and remove the rectal papillae and pockets under cocaine which with intra-vaginal remedies for the reduction of inflammatory conditions, resulted after a few weeks in sufficient relief to allow the patient to sit erect.

A gradual improvement followed until she could walk a few steps.

At this time further improvement ceased, and being unable to raise the fundus to its normal position we advised an operation, to which the family and a consulting physician again so strongly objected, that the case was temporarily abandoned.

Eighteen months later the patient was brought for the needed surgery. She had remained as we had left her until for about three months the symptoms had taken on the aggravated form again, and she had been unable to sit up or walk about.

Her father brought her in his arms to her allotted room, a helpless invalid.

After anaesthetizing her we found a retroflexed uterus and a severe form of endometritis. The tender protruding masses on the abdomen were simply hyperaesthetic muscles, as may be seen with any thin person when lying on the back and slowly rising.

The operation therefore consisted in dilation, curetting and packing the uterine canal, antecurving the uterine body, excision of prepuce and labia, and the clearing of all points of irritation.

To the patient's amazement, she awoke from the anaesthetic, to find a hot water bag over her abdomen with no accompanying pain. From this moment a gradual abatement of all symptoms followed, and the menstruation appeared normally.

Three weeks later we again anaesthetized her for the

purpose of placing an intra-uterine and retroflexion pessary, which gave her no disturbance. The stem was removed at the end of a week. the pessary being worn for about three months, when it was removed and patient still improving in strength. counting all the old symptoms far past.

She now takes her place in the activities of her home and social circles.

The following propositions of Dr. E. H. Pratt were read before the Massachusetts Surgical and Gynecological Society, held in Boston, December 11th, 1892, which I wish to submit for your consideration.

1st. Capillary circulation is the basis of all bodily activity.

2nd. Blood stasis or congestion is the beginning of all pathology so far as its physical manifestation is concerned.

3rd. Remedial measures act only as they influence the circulation.

4th. The circulation of the blood is under the immediate control of the vaso-motor system of nerves.

5th. The vaso-motor nerves are the intermingling of the terminal nerve fibres of the sympathetic and cerebro-spinal systems.

6th. Either nervous system can, therefore, influence capillary circulation and consequently nutrition.

7th. The cerebro-spinal system, under an anaesthetic, in sleep or abstract states, leaves to the sympathetic nerves the duty of furnishing a proper supply of nerve force to the vaso-motor system.

8th. The sympathetic nerve alone is steady and tireless in its action, and the mainstay of the circulation.

9th. All the bodily processes are accompanied by peristaltic action furnished by involuntary muscular fibres.

10th. The sympathetic nerve is the sole stimulus of all involuntary muscular structures, and also of the organs of reproduction.

11th. The normal circulation of all solids, liquids and gases of the body being dependent on peristaltic action, therefore relies upon the sympathetic nerve force for its activity.

12th. Health, therefore, demands a vigorous sympathetic nerve; in other words, the continuance of any disease implies a previous waste of sympathetic power.

13th. The predisposing cause of all chronic diseases, therefore, must be the sympathetic nerve waste.

14th. The irritation of an organ starts at its mouth.

15th. What is true of the invidivual organs is true of the body as a whole.

16th. The lower mouths of the body are all provided with sphincters supplied by the sympathetic nerve. They have also sphincters under control of the cerebro-spinal system, but the involuntary sphincters are the ones upon which nature mainly relies for sustaining in proper condition the other parts of the body.

17th. Clonic spasms of involuntary muscular fibres are a common cause of sympathetic nerve waste.

18th. The sympathetic muscular fibres contract with abnormal tension and duration upon morbid conditions of the mucous membrane which they enclose as surely as upon foreign substances.

19th. Irregularity and consequent congestion, or congestion and consequent irregularity of sphincter-guarded openings, involve undue muscular tension and consequent sympathetic nerve waste.

20th. This nerve waste is occasioned not only by the fact that nerve force is exhausted by the contracted and stimulated muscular fibres, but also from the fact that the mucous

membrane and the nerve fibres which terminate in it are also in a morbid state and consequently the undue pinching of these diseased nerve terminals is also a prolific source of nerve waste.

21st. Thorough dilatation of the lower openings of the body effect more or less profoundly the respiration and consequently the capillary circulation of the entire body.

22nd. Where there is a reflex of irritation there is also a reflex of congestion.

23rd. Severe forms of local trouble at the lower openings of the body are therefore usually felt as local troubles, but where the metastasis of irritation has taken place and the congestion has been reflected elsewhere—

24th. Hypertrophy passes on into atrophy and, although no local subjective symptoms are discernible, the objective condition will demonstrate strophic changes.

25th. The removal of the atrophied condition observed at the lower openings of the body in such cases and the relief of the undue muscular tension involved, puts an immediate stop to the prodigal waste and expenditure of sympathetic force involved in the abnormal pinching of atrophied tissues, relieves the inadequacy of peristaltic action generally, flushes the capillaries universally, establishes an improved digestion and consequently an improved nutrition in every part of the body.

26th. Adequate orificial work, therefore, must smooth openings which are rough and relax sphincter muscles which are unduly contracted.

27th. The success of the work depends upon its being followed to a finish, and the thought is not honestly carried out until the lower openings of the body are freely dilatable to a normal degree and entirely free from all forms of irritation.

In preparing this paper I have culled from articles of Dr. E. H. Pratt, the founder of orificial philosophy, and Drs. O. S. Runnels and T. Byron Robbinson.

BROOKLYN, N. Y.

SPECIFIC MEDICATION.

BY F. E. HILL, M. D.

In the history of medical study, the department of the practice of medicine is most difficult. The reasons are two-fold:

First. It is instruction without such means of illustrations as appeal to the senses—descriptions of phenomena, which the student has not witnessed, and very frequently he is unprepared to understand.

Secondly. The impression that the practice of medicine is almost wholly empirical, stands in the way of that careful study of therapeutics based upon pathology, which gives a rational practice of medicine.

The great change which has taken place in medical practice in the past ten years, even in our own school, renders it necessary that much of the past be forgotten, if we desire to profit by the advanced knowledge of the present.

The world has reached that stage when men refuse to be bound by the authority of precedent.

We have arrived at that period in medicine, when we can believe in the curative powers of nature.

We also understand that the human organism is so perfect in health that it adapts itself to all conditions, and all uses, renewing itself from day to day and from year to year, possing the powers of resisting disease, of removing it and of restorations of structure and function.

The power influencing the system for good is limited, and the old ideas of forcibly removing disease by medicines as we would expel an intruder from our home, are most fallacious. That which we may do with advantage, is to direct nature's efforts and must be based upon a correct appreciation of life as manifested in the human body.

When we reflect that disease is allowed to run its course without medicine, using only that care in nursing which would naturally suggest itself in such a condition is followed by but a small percentage of mortality, we will be better able to appreciate the fallacy of the old and the advantage of the new.

Facts teach us to be careful in estimating the value of medicines in the cure of disease. If they are thoroughly appreciated we will cease to attribute life saving properties to medicines, and be more ready to study their real uses

We must all concede that all agents employed as medicines act either upon function or structure, and that this action to be curative must be opposed to the process of disease; if so, then their selection will depend, first, upon a correct knowledge of the opposition of remedies to it.

It is the law of the universe "that like causes always produce like effects" or "that like effects always flow from like causes;" therefore if we can determine the opposition of a remedy to a process of disease in any given case, we have determined it in all like cases, but it is necessary that we be able to determine the exact condition of the disease when we expect to obtain the same curative action from the remedy.

Specific Medication then is the art of curing disease by means of applying directly to the expressions or symptoms, regardless of the name of the disease, such remedies as are known to oppose or remove them. In describing this action to another it is necessary that we observe and group the indications and symptoms of disease, that he may know the exact idea of the pathological conditions to be opposed.

The skill required is in diagnosis and necessitates a thorough study of pathology. Many physicians are in error in regard to our use of the term "Specific." They think of a specific medicine as one that will cure all cases of a certain disease, according to our present nosology, as pneumonitis, phthisis, scarletina, dysentery, etc. Looking at the sub-

ject in this light and guided by his experience in the use of remedies, he would claim that there are no specifics.

There are no specifics for disease as they are classified, for the reason that all diseases do not present the same pathological conditions in all cases and consequently can not be cured by the same remedy. We use the term "specific" with relation to well defined pathological conditions and that certain well determined deviations from the healthy state will always be corrected by certain specific medicines.

A disease, according to our present nosology, may be formed of one or more distinct pathological changes bearing a relation to one another.

We do not propose to reach all of these conditions by one remedy, except in those cases in which one lesion is primary and the others a secondary, resulting from it. We use a remedy for each pathological feature, using the remedy for that first, which is first in the chain of morbid action, and second, and so on.

As an example we analyze a case of simple fever and we find it to consist of a lesion of the circulation, of innervation, of the secretion, of the blood, and of nutrition; each of these is regarded as a distinct element of the disease, and to a certain extent, one depending upon the other in the order named.

A remedy that will rectify a lesion of circulation will frequently be sufficient to arrest the entire chain of morbid phenomena, or a remedy that will correct the lesion of the blood, this being primary and the cause of various morbid processess, will be a specific for all, as when Quinine arrests an intermittent or remittent fever.

The severer types of disease we find it necessary to use a remedy or remedies for each pathological condition.

We employ one to correct each of the lesions of the circulation, of innervation, of the blood, and special remedies to increase secretion, etc., according to the ordinary use of the term specific, we employ a number of different agents,

which are none the less specific for they meet distinct conditions of the diseased action.

To employ remedies in this way, it is necessary that we analyze the disease, according to what we know of pathology, determining definitely the elements that go to form it and their relation to one another, and that we know the direct influence of remedies upon the human body both in health and disease, that we use them singly or in simple combinations.

If one expects to obtain the advantages from specific medication, he must not associate it with indirect medication.

If you use direct medication, use it alone; if you use indirect medication, use it alone; success comes from one or the other alone.

If you propose to cure a case of cholera infantum with ipecac and nux vom, we do not want astringents.

Success of direct medication comes from accurate and faultless diagnosis.

It is not sufficient in selecting a sedative to know that the pulse is frequent. Frequency is but one element of the lesion, and we have to determine in addition the strength and weakness of the circulation, and the conditions of the nervous system that controls this function. Where there is strength with frequency, Veratrum Ver. is indicated.

Feebleness with frequency calls for Aconite. Excitation of nervous system with strength and frequency, Gelsemium is indicated. Atony of the nervous system and tendency to stasis of blood, calls for Aconite and Belladonna.

Feeble impulse from the heart without capillary obstruction, Digitalis is indicated.

It is sufficient to know that the tongue is coated, indicating impairment or arrest of digestion.

This secretion gives us the history of blood lesions as well as of gastric and intestinal derangements.

Pallid mucus membranes with white coat, demands Alkalies.

A deep red mucus membrane and brown coat calls for Acids.

A dirty white, pasty tongue, gives Alkaline Sulphites.

By these illustrations you will see that specific medications require specific diagnosis, and we will be successful just in proportion as we become skilled in this.

To accomplish this art we must cultivate our senses.

Man has the knowledge of things external to him by means of the general sense of touch and the special senses.

There are two things that we should know, the expressions of disease and the action of remedies.

To be a good therapeutist, a man must be well versed in every department of medicine, be capable of observing and reasoning; he cannot practice with success unless he is both.

If every physician could be convinced that it was necessary for him to make a study of the action of remedies in the cure of disease for himself, and not place his entire reliance upon the teachings of books, practice of medicine would advance rapidly.

Dependence upon authority dwarfs the mind, obscures the senses, and forms almost an impassible barrier to individual observations.

Every man has some leisure time, which he should utilize in study, and I suggest that a portion of this be devoted to specific medication..

In studying our Materia Medica, it is well to note the advantages of carrying remedies to the bedside. The advantages are three-fold—

First, to the physician; second, to the patient; and third, to the friends.

To the physician that he learns his remedies better and prescribes with greater certainty.

To the patient that the remedies are given in less doses, are not mixed with unpleasant vehicles. and are of more certain value and action.

And the friends, that much trouble is saved in providing the medicines, and unnecessary expense.

In regard to form, in which medicines are dispensed, I prefer fluids, as they are easily measured, miscible with Aqua, which is the best vehicle, are readily absorbed by the stomach and are quicker and more certain in action.

The dose of medicine should be the smallest quantity that will produce the desired results. The majority of drugs, given for direct action, the standard, specific tincture or fluid extract Gtts. X to XX to OZIV of water, and a teaspoonful every hour or two.

Medicines prescribed in this way are not unpleasant to the sight, and both child and adult will take them without objection. Using but small quantities of the spicific tinct or Fluid Extracts, an ordinary size case will carry enough for a very large practice. Taking my own case, containing about thirty-five remedies, and in conclusion will give the specific indications and uses of a few of the most important remedies.

Aconitum Napellus—

Indications—The small frequent pulse.

It is the child sedative and is employed in all fevers and inflammations. It exerts a special influence on the throat, larynx, and all mucus membranes, and is thus used in quinsy, croup. and in the acute diseases of the bronchial tubes or intestinal canal.

There is no doubt that aconite is one of the most certain remedies to reduce the frequency of the pulse in certain conditions, and that condition is where there is a want of power on the part of the heart, a want of innervation to the capillary system of the blood vessels, and gives greater cardiac power.

Veratrum Viride—

Indications—A full strong frequent pulse, surface flushed.

It lessens the frequency of the heart action, and removes obstructions to the circulation.

The remedy is valuable in asthmic fevers and inflammations, also for Erysipelas with full tissues and bright red color, both locally and internally, and in chronic diseases with full pulse and increased temperature.

Gelsemium Sempervirens—

Indications—Flushed face, bright eyes, contracted pupils, increased heat of head and general headache.

It is the remedy for irritation of the nerve centers, marked by the above indications.

Gelsemium exerts a special influence upon the brain and upon the spinal and sympathetic. It relieves irritation and determination of blood and disordered innervation that flows from it.

To my regret, time and space will not allow me to consider more of our valuable Eclectic remedies; therefore I trust the student of specific medication will consider and investigate our Eclectic medicines for himself, and a rational practice of medicine will be his reward.

BROOKLYN, N. Y.

Diseases of the Eye in Their Connection with Other Organs of the Body.

BY A. W. HERZOG, M. D.

Ladies and Gentlemen:—The title of my paper being diseases of the eye in their connection with other organs of the body, I would be obliged to keep you here listening to me for weeks instead of the to me allotted time, were I to try to give you a complete dissertation on the subject. Therefore I will ask you to bear with me if I only pass quickly over the subject, drawing your attention only to diseases of frequent occurrence, neglecting entirely such diseases which you are not likely to meet very often. I will start with symptoms caused by the invasion of parasites into the human body. In trichinosis we find as one of the first symptoms oedema of the eyelids, sometimes slight exophthalmus, and in rare cases mydriasis and paralysis of accommodation. The presence of intestinal parasites often causes disturbance of vision, even amblyopia, mydriasis, paralysis of accommodation and strabismus. In jaundice, as you all know, one of the first symptoms is the yellow color of the ocular conjunctiva; another symptom is xanthopsia, the fact that the patient sees all objects colored yellow. In uraemia there is often a diminution of corneal reflexes and often exophthalmus. Uremic amaurosis is often present after scarletina and in albuminuria of pregnancy. In meat poisoning we find that the pupils become dilated and we have paralysis of accommodation, often also ptosis and strabismus. In rheumatism we often find a conjunctivitis, a scleritis or a keratitis. Cases of irritis, retinitis, neuroretinitis and blepharitis accompany often enough cases of rheumatism to be ascribed to that cause. Sometimes ex-

ophthalmic goitre and paralysis of the muscles of the eye also accompany rheumatism. Conjunctivitis, scleritis, iridochoroiditis, iritis and retinitis often accompany cases of gout. Diabetes in its course shows in a great many different ways its connection or rather its influence on the organ of vision. There may be paralysis of the extrinsic or intrinsic eye muscles, there may be a retinitis or a choroiditis or an iritis At other times we meet a toxic amblyopia. One of the most frequent symptoms in diabetes is a diminution in the range of accommodation, and Foerster for example relates a case in which a presbyopia occurring in a subject too young for that condition, induced him to suspect sugar, which on examination of the urine really was found to be present. In some cases, either hypermetropia or myopia occurs in the course of diabetes, and disappears again when the diabetes disappears; and Hirschberg states that myopia suddenly occurring in individuals over the age of fifty, diabetes ought always to be suspected. Keratitis neuro-paralytica and circumscribed ulcerations of the cornea occur frequently in diabetes. There is also diabetic cataract, caused either by a change in the humor aquosus or through nervous irritation. Hemyopia is another symptom which may be met with in cases of glycosuria.

In septicaemia we meet keratomalacia, septic retinitis and septic keratitis. In erysipelas, besides meeting with erysipelas of the eyelids, we may find a necrosis of the cornea, a thrombosis of the retinal vessels or an atrophy of the optic nerve may follow.

As a complication of blennorrhagia, conjunctivitis blenorrhagica is of frequent occurrence; ulcerations of the cornea and staphylomata are a consequence of that condition; that an iritis with all its consequences may follow this again is natural.

Scarletina is often accompanied by a paralysis of the muscles of accommodation. A catarrhal conjunctivitis is

also often met with. The amaurosis which we meet in scarletina is due to the uremic condition.

In diphteritis we may meet conjunctivitis diphteritica, a condition in which the conjunctiva is covered with diphteritic membrane; the keratitis occurring with this condition is not a consequence of the constitutional disease, but of the local disease. Paralysis of the muscles of accommodation, astigmatism and an increase of hypermetropia in hypermetropic eyes may be met with.

In whooping cough hemorrhagias of the conjunctiva and retina sometimes occur. In lobar pneumonia cases of paralysis of the muscles of accommodation and of the oculomotorius have been met. Amblyopia and chromatropsia are some of the sequelae of pneumonia.

A conjunctivitis is a very frequent occurrence in influenza, sometimes also hemorrhages under the conjunctiva, or œdema of the eyelids occur. Keratitis has been noticed to accompany quite a number of cases of this disease; a neuritis which simulates closely a simple glaucoma has been observed in a few cases, and in one case of influenza a total atrophy of the optic nerve resulted. In some cases of influenza we meet with an inflammation of the lachrymal gland.

In measles a conjunctivitis is a diagnostic symptom, and cases of phlyctenular keratitis are by no means rare.

In cases of typhoid fever the occurrence of neuritis has been observed and corneal abcesses, paralysis of the muscles of accommodation and the extrinsic eye muscles as also mydriasis are met with.

I will pass over symptoms of eye disease occurring with such diseases as typhus fever, yellow fever, small pox, cholera and such diseases that do not occur in this country. I will also pass over symptoms of the eye which follow poisoning with morphine, atrophine and other drugs. I will draw your attention, however, to scrofulosis, which very frequently is accompanied by eye disease, such as bleph-

aritis marginalis, conjunctivitis, trachoma and ulcerative keratitis.

Syphilis, inherited as well as acquired, is a very frequent cause of eye disease. Besides all the skin diseases, which are caused by syphilis and may naturally occur on the eyelids, and beside the chancre which in rare cases also occurs on the eyelids, we find first, as frequently caused by syphilis, cases of iritis. This iritis is generally plastic. Keratitis is another frequent accompaniment to syphilis, while a certain kind of keratitis, the interstitial keratitis, is generally a symptom of inherited syphilis. Choroiditis syphilitica and retinitis syphilitica is met with in different forms. Atrophy of the optic nerve and paralysis of the eye muscles as well as neuralgias of the eye are very frequently caused by syphilis.

Although I stated that I would not take up your time by mentioning symptoms of poisoning it would not be right would I neglect to draw your attention to the cases of amblyopia with scotomata for red, which occur in cases of tobacco and alcoholic poisoning.

Sometimes it has been found that an ear trouble is accompanied by some eye disease; a few cases of otitis media suppurativa have been noted, which caused optic neuritis and paralysis of the oculomotorius, as also of the accommodation.

That nasal troubles can and do cause eye troubles is to be expected, if you consider the close anatomical connection between the nasal and the ocular mucus membrane. In hay fever as well as in measles we find two symptoms going together: coryza and epiphora.

Very often a cold in the head is accompanied by photophobia and cattharal conjunctivitis. It is a fact which has been well studied that hypertrophic rinitis as well as nasal polypi are very often accompanied by reflex eye symptoms. In ozoena also eye symptoms are of no rare occurrence; in this last condition very often dacryocystitis, chronic hyper-

aemia of the conjunctiva, blepharitis and keratitis has been observed.

Diseases of the stomach, liver and intestines also produce in some cases eye disease. Retinitis pigmentosa has been observed in cases of cirrhosis of the liver; asthenopia in cases of chronic diarrhoea.

The respiratory organs also furnish their share of eye disease, as for example, a violent cough may cause hemorrhages in the conjunctiva or retina. In diseases of the heart also the organ of vision may give some sign of being affected, as well as it may aid in the diagnosis of heart troubles. In fatty degeneration of the heart the appearance of the cornea resembles the condition commonly called arcus senilis or gerontoxon. Valvular troubles as well as cases of increased or diminished arterial or venous tension may be recognized by means of the ophthalmoscope, which permits us to inspect directly the circulation of the blood. In anæmia besides the very frequent asthenopia sometimes cases of intraocular hemorrhages are observed. After large hemorrhages or in cases of pernicious anaemia the eyesight may also suffer.

In diseases of the kidneys the œdema of the eyelids is one of the well known signs of albuminuria.

Very often also patients affected with kidney disease complain that reading tires their eyes; in that way showing that the muscles of accommodation have been weakened.

Retinitis albuminurica is a symptom of kidney trouble, which is present in a great many cases, and which presents such characteristic appearances that albuminuria may be diagnosed by it without an examination of the urine.

Amennorrhœa, dysmennorrhœa, uterine and ovarian troubles as well as pregnancy do often bring with themselves a train of asthenopic symptoms, just as errors of refraction may in themselves produce a great many symptoms, which may simulate ovarian or uterine disease.

In pregnancy cases of detachment of the retina and cases of amaurosis have been observed.

After confinement, in cases in which the loss of blood has been very severe, hemiopia has been observed several times, while in cases of puerperal fever it has happened that the organ of vision was entirely lost through septic choroiditis.

Nursing also in weak and debilitated women may cause amblyopia and asthenopia.

In nervous diseases, and in diseases of the brain and spinal cord, as well as in cases of sexual neurasthenia of course the eye is affected in a great many cases. And I might continue in this strain for quite some time yet, showing the connection of the eye with the rest of the human mechanism, were it not for the fact that my time has expired.

HOBOKEN, N. J.

IS CONSUMPTION CONTAGIOUS?

BY DR. E. B. FOOTE.

The title of this essay as given to the secretary of this society was to have been "The Contagious Character of Consumption." I have taken the liberty to change it from the ipse dixit to an interrogatory which remains to be answered with certainty. For years my observations led me to believe that somehow consumption was communicable from a diseased to a healthy person. When the attention of the profession came to be closely directed to the subject, and as the discussion waxed warmer in the medical magazines, and in even the columns of the daily press, my time was so greatly occupied as to prevent me from giving the investigation much attention while quietly saying to myself—"I told you so." When called upon by our esteemed president for an essay for this meeting, it seemed to me that I could not do better than to present for your consideration a subject which has occupied the attention of the profession and the Health Boards throughout the world for months, not doubting that the literature which had accumulated upon the question had finally settled it beyond cavil. Judge of my surprise, therefore, when I found the unbelievers in this doctrine were confident that their opposition thereto was quite as well supported by facts as were the claims of those who took the affirmative. I found further, that the belief in the contagious character of consumption was much older than I supposed. For example, as far back as 1832, the king of Naples, acting upon the hypothesis that consumption was communicable, issued an edict, requiring the physician to report all cases of ulceration of the lungs; the safe disposition of the clothing of the patient; the burning

of household goods that might be tainted with infection; the burning of windows and doors, and the replastering of the houses where persons had died of consumption; and finally many other precautions too numerous to mention, severe penalties being imposed on those who failed to obey the king's mandate. In 1865. Villemin, a French physician, made a series of experiments which he thought demonstrated his claim that tubercular diseases could be communicated by inoculation from man to rabbits and guinea pigs. He had quite a following who fully believed that consumption was communicable, but other investigators found that inoculation with other morbid matters would in some cases end in the development of consumption. It was therefore concluded that Villemin's experiments did not fully sustain his extreme views. Coming down to the present time, we find eminent physicians and Health Boards in all parts of the country acting upon the belief that the whole question is settled, and recommending precautions nearly or quite as comprehensive as those adopted by the king of Naples, and indeed, many of them far more ridiculous. Drs. W. R. and M. L. Amick of the Amick Chemical Company, of Cincinnati, Ohio, present in as concise form as possible the absurb proposals and recommendations of what they style misguided enthusiasts. Although somewhat lengthy they are extremely interesting in this connection, and I will present them nearly in their entirety:

"That the several hundred thousand consumptives in the United States should be segregated, that the several millions of persons suspected of having consumption in the United States should be segregated, that every house in which a consumptive has lived be destroyed by fire. That all carpets, draperies, screens, towels, handkerchiefs, clothing, and bed linen used by a consumptive or coming in contact with one, be destroyed by fire. ("This proposition," remarks the writer, "is sometimes made more mild, and only requires that such articles be disinfected.") That all furniture used by a con-

sumptive be destroyed or at least disinfected. That all apartments in hotels which have been used by a consumptive, be placarded, and not used by any other person until thoroughly disinfected. That all domestics should be examined by an inspector for the bacilli of consumption before being admitted into the household. That school children should have their throats examined by competent inspectors every morning before entering school." (The writer regrets to remark that the preceding recommendation was made by no less a personage than the late Dr. Alfred Loomis of New York.) "That it is not safe to smoke cigars, as they may have been made by a consumptive cigar maker. (Dr. Kerez, a German physician, inoculated guinea pigs with an infusion obtained from cigars, and produced alleged consumption.) That it is not safe to frequent the town postoffice or criminal court room unless they are daily disinfected. That it is not safe to go to church which is not regularly disinfected. That it is not safe to ride in the street cars which are not regularly disinfected. That it is not safe to receive letters written by consumptives or handled by consumptive mail clerks or carriers. That it is not safe to use the cups, plates, knives and forks in restaurants and hotels, as the simple rinsing of these articles with boiling water is not sufficient to kill the bacilli. That the children of consumptives should not be permitted to go to cemeteries, as the bacilli of consumption have been found alive in the graves of consumptives twenty-five years after burial. That it is not safe to drink water which has not been sterilized. That it is not safe to use ice unless it has been made from sterilized water. M. Riche, a French physician, in an article in Modern Medicine, states that 175,000 microbes were found by him in a cubic centimetre of ice, and that ice should not be used until it has been thoroughly boiled. (That the sanity of M. Riche may not be questioned, the writer expresses it as his belief that in making this recommendation M. Riche was not serious, but rather that he holds the germ enthusiasts in rather light es-

teem.) That all animals suspected of having tuberculosis should be killed at once. , That all barns and hogpens and all other habitations of animals suspected of having tuberculosis should be frequently disinfected. That it is the positive duty of every sensible physician to directly forbid the use of unboiled milk. That every article of food should be sterilized or overcooked. That it is not safe to eat the flesh of cows. That it is not safe to eat the flesh of fowls. That it is not safe to eat the flesh of rabbits. That the bacilli of consumption are frequently found in lager beer and bread. That children should be raised on boiled goat's milk. That each consumptive's room should be scrubbed throughout with soap and water every day. That it is not safe to keep a cat, as this animal is in the habit of lapping up the sputa expectorated by consumptives, and may be a source of contagion. That it is not safe to use cream unless it has been boiled. That it is not safe to eat butter. That the practice of kissing should be stopped. That mothers should not permit children to put playthings or articles of any nature in their mouths, which have not been previously disinfected with scalding water. That house flies are most dangerous, as they carry the bacilli of consumption from one person to another, that the hides and horns of cattle should be disinfected before they are put to any material use. That consumptives should be excluded from following certain occupations," (which, as the writer remarks, would be a distinct violation of the constitution of the United States.) "That consumptives should be removed from their homes and be quarantined if necessary by force. That the children of a consumptive should be taken away from him or her. That consumptive mothers should not be permitted to nurse their own offspring. That it is dangerous to wear the jewelry of another person unless confident that the said person is not a consumptive. That the walls of rooms which have been occupied by consumptive patients should be washed with bichloride of mercury, (and it is interesting in this connection to note that fifty per

cent. of those who work with murcury in the manufacture of looking glasses, die with consumption.) That all consumptives after death, should be buried in quick lime. * * * That for the purpose of carrying out all these multitudinous measures and investigations, special inspectors be appointed. That pest houses for consumptives be established, to which consumptives shall be transferred, if necessary by force, that everything and everybody in the remotest degree related to consumption or a consumptive, be placed under sanitary surveillance. That for the carrying out of this plan, special corps of medical directors, assistants, inspectors, disinfectors, etc., be appointed." (This last recommendation is quite in keeping with recent medical legislation which creates a great medical trust. Under such a law the medical profession would be as attractive to the ambitious youth as the Standard Oil Trust or Sugar Trust.) The writer concludes this string of absurdities with the facetious remark that "if the assertions of the bacteriologist are true, it is time for the human race to get off the earth."

The foregoing recommendations it is asserted by the Drs. Amick, have every one of them been seriously advocated either in medical journals, medical works, or works on bacteriology, and most of us here to-day can corroborate the assertion.

To attempt to carry out such extreme precautionary measures, backed by the authorities of a municipality or state, there should not exist a doubt as to the contagious character of consumption. It should not be a disease simply communicable to a devitalized person, but it should be one that would seize hold of a human being enjoying all the fullness of health. Many of the recommendations are simply absurd, and nearly all encroach upon the most sacred rights of the individual. Can those who advocate them prove that consumption is sufficiently dangerous to warrant these extreme measures? May there not be some doubt as to the correctness of their doctrine? Burnheim of Paris, in a paper read

at the recent International Congress, is quoted as saying that "the bacilli are rarely present in the expectoration during the early stages of phthisis, and that the breath of a tuberculous individual does not contain the germs." This quotation I find in an able essay by Dr. William A. Dickie, M. A., M. D., read before the Northwestern Association at Lima, Ohio. (Dr. Dickie is professor of Principles and Practice of Medicine in the Toledo Medical College.) This writer also says that "in the oft quoted Brompton Hospital for Consumptives in England, there is not a well authenticated case of an individual contracting the disease within its walls," and that "the same can be said of Falkenstein, Germany." But the most remarkable portion of Dr. Dickie's paper is given as follows:

"Some time ago, through the courtesy of Dr. Wells, of my own city, (Tiffin, Ohio,) I was allowed to gather some dust from a house in which eight members of a family had died from tuberculosis. I selected a room in which a young lady had been confined for eight months, and in which she died two days after my visit. The amount of expectoration from this case was exceedingly large. No unusual precaution had been taken in disposing of the sputum. Sometimes paper was used to spit upon, which was allowed to lie on the bed; again, a cuspidore in which was placed a small amount of plain water. In the cases that preceded this, I am not advised as to what disposition was made of the expectoration. If the germs are ubiquitous, and are found in such great numbers, and possess so much virulence, this would be an ideal place to find them. That there might be no mistake in the diagnosis, I had previously secured some of the sputum and found it to contain the bacilli in great numbers. I took five specimens of the dust; two from the top of the bed post, two from the pocket formed by the turning up of the wall paper where it joined the baseboard, and in addition, cut a particle of cloth three inches in diameter from a rug that lay by the edge or side of the bed, and on which the cuspidore

had been placed. Preferring to trust this work to the skill of another rather than my own," continues Dr. Dickie, "I put the dust between slabs of glass, carefully wrapped them in paper to exclude light, and handed them to Dr. Haag of Toledo, whose skill as a microscopist has made him honored at home and abroad, and whose kindness I have so often had occasion to test, and after a most careful and painstaking examination he was unable to find a single germ. Not content with this, I was anxious to know if any spores might be found. My young friend Dr. Newton, in charge of the bacteriological department of the Toledo Medical college, injected a suitably prepared specimen of the dust in the peritoneum of a rabbit to ascertain if tubercular peritonitis could be induced. Aside from the slight sickness occasioned by the injection at the time it took place, his rabbitship suffered no inconvenience whatever, and is as frisky as a rabbit can well be, his temperature never going above the normal. Tuberculosis of the peritoneum was not produced. I am aware," adds the doctor, "that this proof is negative rather than positive, that germs have been found in rooms in which phthisical patients have been confined, but," he says, "if this is a 'house disease' and the germs that cling to the walls were a factor either major or minor, in the production of any of the preceding cases, or the one that followed, I ought to have found them." "Allow me to add," he says, parenthetically, that "this family gave a tuberculous history."

Dr. Robert L. Watkins, who made some investigations and experiments in the summer of 1893, came to the conclusion that consumption is not contagious, and "that it cannot be communicated by association with an infected subject even if a healthy person is constantly kept in the atmosphere where the invasion of the germs is persistent, unless indeed there exists in the blood a granular, irregular mass, to which he has given the name 'tubercular corpuscle.' He claims that his experiments for a number of years demonstrated conclusively that consumption could not be com-

municated to a person having healthy blood. "I have," he remarks, "for a long time seen in the blood of tuberculous patients examined microscopically, a granular, irregular mass which disappears shortly after the blood is shed. This, I regard as a most important fact, for it enables the detection of hidden disease; it allows a diagnosis to be made before the disease has got beyond control, and because of this fact, it is more important than the tubercle bacillus of Koch, for it appears in the blood long before, and the latter will grow only in blood in which the former is present. He says this tubercular corpuscle must be in the blood before the tubercle bacillus will grow." He says that it is constantly present in tubercular patients, and he asserts that a "tuberculous case is never cured until this has left the blood entirely."

To demonstrate his firm belief in his theory he first satisfied himself that his blood was free from the tubercular corpuscle, and then caused himself to be inoculated with the bacillus of consumption, produced from the culture of germs derived from the human sputum or expectoration. It was expected that this experiment would finish the career of Dr. Watkins, but as his name still appears in the medical directory, we take it for granted that he survived it. Since writing the above I have received a letter from Dr. Watkins saying that he is "as well as ever in his life," and referring to the Medical Record of July 14, 1894, for an account of his experiments and the results.

Some facts of an interesting nature are presented in the Lancet as quoted by the Medical Record of July 19th, 1890. They were gathered from a monograph by Dr. A. Haupt of Soden. "Robertson found that in at least eighty of one hundred married couples in which the husband or the wife was consumptive, the other party did not become so. Leudet observed that out of 112 widows and widowers of persons who died of consumption after illness varying from one to twenty years in duration, 105 remained perfectly healthy. During the fourteen years of Dettweiler's work as

physician in the Consumption Hospital at Falkenstein, there has not been a single case of infection among the attendants, some of whom were seven years in constant contact with patients who were dangerously ill." The author of this monograph quotes Prof. Leyden as follows: "Immediately after the discovery of the tubercle bacillus there was a tendency to attach more importance to contagion than before, but further observation has shown that it does not play so very great a part, and that the majority of cases are due to heredity." Dr. Haupt relates his own experience at Soden as follows: "Among the 1,500 inhabitants of the place there are 101 who let lodgings. In most of the houses the wives, with sisters or daughters, serve and attend the tuberculous patients who come for treatment. In many houses servant girls from the neighboring villages hire out for the summer, making the patients' beds, cleaning their rooms, beating the carpets, removing the sputum—these occupations, so closely connected with the danger of infection, are, among others, the tasks of these persons; and it must be added, that they prefer the severest cases, because as more help is required, the remuneration is higher. In winter the members of the landlords' families occupy the rooms in which generally the most severely affected patients have laid—the rooms on the ground floor. Between 1855 and 1888, forty-eight of the two hundred and thirty-eight members of such families died; ten of them from tuberculosis. In six of these ten cases heredity was demonstrable, and the remaining four were due to colds and external causes. Of the four hundred and fifteen servant girls, seventeen died; five of them of tuberculosis, also demonstrably due to other causes than infection. Within thirty years, then, among six hundred and fifty-three persons, most of whom were for several summers with and in attendance upon the patients, there were fifteen deaths from tuberculosis not caused by infection. The same proportion prevails among other persons in close contact with consumptive

patients, attendants, washerwomen," etc. Dr. Haupt says: "Of six hundred and eighty Italian physicians, fifty-nine declared for contagion, and one hundred and twenty-four against it. In England seven hundred and ninety-two out of one thousand and seventy-eight declared against contagion."

Asheville, N. C., is a celebrated resort for consumptives, and Dr. Dickie, from whom I previously quoted, is my authority for the statement that it has a resident population of about 15,000, while it is annually visited by about 70,000 tourists, most of whom are consumptives. He sent a letter of inquiry to Dr. Carl Von Ruck, a noted specialist of Asheville, containing this question: "Are the number of cases of tuberculosis among your permanent resident population any greater now than before so many consumptives came to your city?" to which Dr. Von Ruck replied: "I can say there is no apparent increase of tubercular disease in the permanent resident population of this resort; on the contrary, tuberculosis is practically unknown among those who have resided here for several generations and who did not resort to this locality on account of already present tubercular affections" "Then," says Dr. Dickie, "if tuberculosis is infectious and communicable from person to person, and also by means of the dried sputum, why is it that a few at least of the resident population of that city do not take the disease? You would naturally suppose that the thousands of consumptives who annually make this their Mecca, would so overwhelm Asheville with their microbic expectorations that it would bear a more striking resemblance to Goldsmith's 'Deserted Village' than the beautiful bustling city that it is, with its wide, well paved thoroughfares, and beautifully lighted streets."

It is only fair to say in this connection that it has been alleged, how truthfully I cannot say, that the Canary Islands, situated in the Atlantic ocean, off the northwest coast of Africa, which used to be a popular resort for consumptives, is now nearly or entirely avoided by this class of suf-

ferers because consumption abounds on those islands at this time. The reason, too, has been ascribed to the amount of tubercular sputum that has been mixed with the soil. I do not remember where I saw this statement, but the authority for it was such at the time it came to my attention as to lead me to accept it as truthful. Even if the story of the prevalence of consumption on those islands be true, the reason given for it may not be, for in Prof. Dickie's paper we are reminded that Koch and his coadjutors have demonstrated "that the diffused solar rays entirely destroy the virulence of the tubercle bacilli in from five to seven days, and that the direct rays of the sun will do it sometimes in a few minutes, or at most in a few hours". The same writer says that "according to Shurley, monkeys in Central Africa take the disease and yet they do no expectorating; certainly they do not get the germ from dried sputum," and, he adds, "I need hardly call your attention to the fact that the bovine family have the disease with comparative frequency. How," this writer asks, "do they get it?" They are seldom where they can inhale the sputum laden dust. If one member of the herd should contract the disease, how can it communicate to the others? They, like the monkey tribe, do no expectorating."

Albeit, all this does not prove the non-communicability of consumptive germs. Prof. Dickie in his interesting paper would not have his readers infer that the tubercular expectoration is entirely devoid of danger. His plea is rather for the victim of the disease, whom he would not rob of the "very last ray of hope of restoration to health, to his family and friends." He favors "co-operation with the health authorities in everything that looks toward dissemination of such knowledge as will be of practical benefit to those suffering from the disease," and to those who would escape it. It seems evident that this is the humane and only position the profession and the legal authorities can take, in the light of what is presently known in regard to the supposed contagious

nature of the malady. There can be no doubt that to some extent and in some way, consumption is in a measure infectious. Here for example, is an interesting account of three young men, belonging to three different families in the villages of North Gorham, and North Windham, Maine. as related by Dr. Addison S. Thayer in a recent discussion before the Maine Academy of Medicine:

"These three fellows" says the doctor, "used in common a second hand brass instrument hired from a music dealer in Portland, and were the only members of the band who did use it. Now, we all know that blowers on brass instruments deposit in the interior of the convolutions of the horn, a good deal of their spittle, for which they have an outlet in the bottom of the horn, and which they get rid of also by tipping the horn upside down, so it seems to me that we could not have, if we tried to invent one, a better trap for catching tubercle bacilli and for distributing them to the next user of the horn, than this instrument furnishes. Now practically the result of the use of that second hand horn by the three men was this: By the advice of Dr. Harper two of them have gone to Colorado, and one to Southern Pines to be cured if possible, of tuberculosis. Dr. Dunn, who practiced for 17 years in Windham, was thoroughly acquainted with two of these families, and Dr. Harper has investigated the third. He says it is sound stock clear through. Dr. Dunn says there has been no consumption in either of the two families that he knew. They were healthy, rugged New England farmers." According to Dr. Henry B. Baker, in the Medical Age, consumption has been recognized as a contagious disease by the American Public Health Association, the Public Health section of the Pan American Medical Congress, the Congress of Tuberculosis in Paris in 1888, the authorities of the North London Hospital for Consumptives, the Manchester Hospital for Consumptives, and many others. The Boards of Health of New York, Philadelphia, the state of Michigan, and several other states, have taken extreme

grounds and measures regarding the alleged contagious character of consumption. Dr. Herman M. Biggs, a bacteriologist of the Board of Health of New York, submitted to that Board a report which was the result of many months of scientific study upon phthisis pulmonalis or consumption In that report he says that consumption is both contagious and preventable. He tells us that it has been proved beyond a doubt that the living germ called the tubercle bacillus is the cause of the disease, and that when these germs find their way into the body, they multiply there, if conditions favorable to their growth exist. Discharges from softened tubercles contain the living germs and are thrown off with the sputa. Furthermore, they are often thrown off in enormous numbers. One person may discharge many millions of them in the course of 24 hours. Moreover, they are tenacious of life. The discharges from the lungs may become dry and reduced to impalpable powder. This dust taken into the breathing passages will give rise to the production of millions of these germs in a person whose condition is favorable to their reception and development." Dr. Biggs then says that "from these facts it follows: That tuberculosis is a communicable or contagious germ disease." After saying all this in reference to the contagious character of the malady, he further remarks that "consumption is not always or even generally, as was formally supposed, a fatal disease, but that in a very large proportion of cases if recognized early, it is a curable affection," a fact early discovered by eclectic physicians.

The Philadelphia Board of Health claims to have traced successfully, cases of tuberculosis to infected houses, death after death having heen reported from the same dwellings which it is alleged, have become infected and dangerous to the new comers. The Michigan Board of Health has declared consumption to be a disease dangerous to the public health, and that all cases must be reported to it, not for the purpose of isolating the patients, but for the purpose of pro-

viding them with instructions for the prevention of the communication of the disease to others.

If the Boards of Health and the individual believers in the germ theory of disease, limit themselves to such prudential regulations as those recommended in the foregoing paragraph, the public could have nothing of which to complain; but to talk of segragating the patients, forcibly taking them away from homes more comfortable in many instances than could be found in hospitals, cruelly separating them from friends and relatives who would otherwise impart to the patient fortitude, hope and courage, would be more than poor human nature could well endure, nor should such a plan be adopted unless it can be unquestionably proven that the tubercle bacillus possesses the potency which enables it to enter the strongest person and lay him low with wasting disease. If, as it has been held by most medical writers for years, that these germs can only obtain foothold in persons of a scrofulous diathesis, or as Dr. Watkins maintains, in those having tubercular corpuscles in the blood, or as the Drs. Amick allege, in individuals of devitalized nervous systems, or those having a tendency to a degeneration of the medulla oblongata the only proper procedure is to provide every family with such sanitary information as will enable its members to guard themselves well against the malady, and at the same time to so instruct the consumptive how to govern his daily habits as to not render his presence a menace to his immediate family and friends. So far as the tubercle bacillus is concerned, it would appear that he is not such a vicious and predatory creature as he has been represented to be. Vaughan thinks that the most virulent bacteria are not capable of causing disease unless the conditions are favorable. Dr. T. Mitchell Prudden believes that the germ is only one of the factors in the development of disease, and our own worthy Eclectic colleague, Dr. V. A. Baker, in the twentieth volume of the Transactions of the National Eclectic Medical

Association, has put the matter in a clear and rational light in giving his views of the germ theory as follows:

"The moment that matter becomes lifeless, disorganized and dead, it is the base of plasma for new forms of life by furnishing material for *such orders of parasites as are adapted to it.* This is a wise provision of nature to keep perishable material organized. Dead matter everywhere is subject to this law which is immediately operative, except it shall be interferred with by some special agency, chemical or mechanical. We resort to asepsis in surgery, not because the living tissue needs protection, but only in so far as it has been soiled, or a moiety of dead material left in contact with it. In such a case, while the converting germs are operative, an absorption of the ferment may produce mischief. As many writers seem to regard this matter it appears to me that 'the cart is before the horse'—the result figuring as the cause. Time however," wisely remarks Dr. Baker, "will set all things right." Decomposing tissue in the lungs brought by each inspiration in contact with the air, is quite as liable to become infested with bacteria as if it were outside of the human body.

Dr. H. M. Biggs in the Forum for February says—"While tuberculosis is communicable, it is communicated with far less facility than many other diseases, which are more properly called contagious. Ordinarily for its transmission, long exposure to infection, and intimate association with the infected individual, are required unless, because of some peculiar conditions, the natural resistance has been much reduced."

The Drs. Amick regard the tubercle bacilli as the product rather than the cause of phthisis, and it is evident that the majority of the medical profession so hold at this moment. Nevertheless, it is more than possible that the dry and floating particles of the sputa of a consumptive, taken into the breathing passages will irritate the delicate membranes lining them, and induce irritation if not inflammation, and this

initiatory process may lead on to serious consequences to one having a predisposition to pulmonary disease. For example statistics show that of 1,000 deaths, only 103 farmers are found to have died of tuberculosis, while nearly 300 drapers and tailors in the same number of deaths are found to have died of consumption. The dust, lint, nap, and coloring matter of the cloths daily handled in the vocation of the tailor being the irritant which initiates the inflammation of the lung tissue, while the environment and occupation of the farmer are such as to enable him to supply his lungs with pure air free from irritating substances. It is certainly reasonable for the present to dismiss the idea that the tubercle bacillus performs more than the part of an accessory in the development of pulmonary disease, and we should therefore turn our attention to those conditions of the human system which are found to invite the incursions of the malady. It is more than likely that the old ideas relating to a scrofulous diathesis; the claim of Dr. Watkins that there is present a tubercular corpuscle in persons predisposed to phthisis; and the views of the Drs. Amick that the disease originates in nervous disturbances are each a fraction of the whole truth.

In the present stage of the discussion it is well to search in each case of phthisis presented to the physician, for one or all of these supposed predisposing causes, and when ascertained, apply the appropriate remedy to those causes rather than to seek through the use of the most approved remedies to simply relieve the cough. My own plan for nearly forty years of practice with more than usual success in such cases, has been to build up the nervous system, and to improve the blood. If this is effectually done even the alleged tubercular corpuscles must disappear. When imperfect digestion is indicated in any case, we should pay more attention to this trouble at the outset than to anything else, for we look to the stomach laboratory to properly prepare and appropriate not only the elements of nutrition, but to convey the very

remedies which we would administer for the improvement of the nervous system and the blood.

In concluding this essay, I wish to say by way of apology that if I could have had the time to present more orderly and systematically the pros and cons regarding the alleged contagious character of phthisis, I should have been better satisfied with my work, and perhaps those who are listening would have been better able to come to a dicision within their own minds, which advocate has the best of theargument. Under the circumstances, however, I have simply taken you all with me through the winding paths of facts and theories in just about the zig zag manner that I have followed them while hastily looking up authorities; and it is quite likely that many of you will think with me as we reach the end of these limited observations, that while consumption is not contagious enough to warrant all the precautions that have been proposed by extremists, it is sufficiently so through some cause or causes not yet clearly discovered, to justify the milder measures which have been recommended. Nothing can be safer in practice than to attempt to build up the general health of the patient, warn him of the necessity of cremating or otherwise effectually disposing of the sputa, and impressing upon attendants and relatives the importance of exercising prudence in their faithful and affectionate attentions upon the unfortunate invalid.

NEW YORK CITY.

MEDICAL ECLECTICISM AND PROGRESSION.

BY G. W. KING, M. D.

Very many articles have been written upon the subject of medical eclecticism, yet the candid and intelligent observer who has seen much of the medical history of the past fifty years—written or unwritten—and who is not too old to forget all the good and evil noticed in such history, must admit that the defenders of true Eclecticism have not exhausted the subject. A reasonably conservative and progressive Eclecticism ought to be entitled to as respectful notice as an unnecessary and dangerous kind.

The parents of the Eclectic system of medicine had some reasonable ideas of the signification of the word "Eclectic." They claimed that it embraced selecting and rejecting and not the including of every drug which had been proven to be bad. A doctor who is not satisfied with the good and original definition of the term "Eclectic," should not subscribe to the name, but take a name in harmony with his theory and practice. A person has no right to pretend to be a Christian, who is through and through a Pharisee. It is not progression, but retrogression, that attempts in the name of Eclecticism to tear down the old mottoes of simplicity, safety and success in medicine. Dangerous and unremedial drugs and agents possess the same natures they did when the first Eclectic Medical Society was organized. Of course, bad drugs may be taken in such small and pleasant doses that the curative effects of nature are so slightly interfered with that evil receives undue credit.

In the year 1854, L. C. Dolley, M D., of Rochester, N. Y., wrote, what was decided by a worthy committee to be a Prize Essay on "The Fundamental and Distinctive Principles of the Eclectic Practice of Medicine." The essay was

lengthy and full of precious and immortal thoughts of which I will quote these:

"A cardinal principle of Eclecticism is to substitute safe agents for those which are harsh, irritating and often uncontrollable in their action. This principle must exclude from practice quite a number of the leading therapeutic agents in common use with old school physicians. No candid and experienced physician of the present day will deny that the various preparations of mercury, antimony, arsenic and some other minerals cannot be administered in the many conditions of the system in which they have been used, without a risk of immediate or prospective injury to the patient. Eclecticism does not eschew medicines of a mineral origin, which abundant experience has proved to be innocuous and serviceable for the removal of disease, when used in suitable quantities and at suitable times. Such medicines are frequently used; among which may be mentioned the preparations of iron, lime, potassa, soda, sulphur, and many of the sulphates and carbonates. No article of real therapeutic value is thrown aside, which, with our present knowledge of chemical and physiological laws, can be used without risk or detriment to the future integrity and health of the system. No intelligent Eclectic will deny that in combating disease in its many phases, counter-irritants and derivatives are often serviceable. It will readily be inferred that agents derived from the vegetable kingdom are preferred on account of their more physiological action, and their susceptibility to digestion and elimination."

An English Jurist, under the head of "Law and Medicine Compared" recently stated "Medicine was a progressive science. Could they say that with regard to law? All they could say on that point was, they tried to apply the principles of justice upon the cases that came before the courts, but they really could make no more progress in justice than they could make in the discovery of arithmetic. If they could call back the old medical men of the last century they would find that,

owing to the great progress made in medical science, they would not be able to follow their profession, but, if they could call back one of the judges of the eighteenth century, and take him to the law courts, he would be able to try the cases as well as any of the judges now on the bench, and probably better."

It was true and safe to say that there can be no more progress or improvement in justice than there can be in arithmetic. Of course, equity is no more changeable than the multiplication table. Likewise, truth, nature's laws and good practical common sense are as eternal as justice, and when embraced in medical science it becomes as sound or sounder than any science which is represented by man-made laws. That which results have demonstrated to be right should never be renounced. To get tired of correct ways and means and allow nonsense to pass for the theory and practice of medicine is equivalent to trying to get rid of the monotony of calling two and two four or the instituting of some way to change the common and old law of gravitation. It is the doctor's duty to be conservative enough to always "hold fast that which is good," as well as be soundly progressive from good to better and from better to best.

It was heroic, bad and dangerous medical treatment that brought condemnation upon Allopathy and caused the formation of Eclectic Medical Societies; and it is not pleasing to hear that the renouncement of the fundamental principles of Eclecticism is progressive Eclecticism. Retrogression should never be called progression, so long as black should not be called white. An approval of what, after due consideration, was condemned by the pioneers of Eclecticism and yet remains bad, is no better than following the example of the dog that returns to his vomit. It is as impossible to correctly progress in the science of medicine, and at the same time continue the use of bad and dangerous ways and means in the sick room, as to reform while practicing evil.

Selecting or Eclecticism necessarily implies a leaving or

rejecting of something. If Eclecticism signifies a combination with Allopathy, or the use of all and dangerous drugs, or having the same drugs substantially disguised as to quantity and taste, then Eclecticism, in a medical sense, has become obsolete. For an Eclectic to get down to infinitesimal doses, under the sham of using powerful and popular drugs, and then give such doses and drugs the greatest credit for curing, is about as absurd as the claim made by some Christian Scientists who have given their personal attention and magnetic influence to patients and then say that God, individually, did the curing without any human agency.

If a careful observation of the Allopathic and Eclectic literature of to-day does not show any difference between them (as has been claimed) then it is a false exhibit to have distinctive names. When the latter-day Eclectics, who are hanging on to an empty name, have, in their pruning of the old tree of Eclecticism, got on to its best branches and sawed them off, their enemies have a right to laugh at their foolish appearance or fall. Those doctors who have such weak knees and backs that they cannot stand up under the denunciations and ridicule of the enemies of truth and right, as the fathers of Eclecticism did, have mistaken their calling or places.

To claim that all which remains of medical Eclecticism is a recently discovered element or law called "Direct or Specific Medication," is as sensible as it would be to change the word prison to safety, the word darkness to light or the word sour to sweet. The word specific is probably as old as the word eclectic which was adopted by a class of physicians who believed in casting out of the sick room dangerous drugs and at the same time, believed in the use of drugs which exerted a specific action in the cure of diseases.

The following teaching is as valuable to-day as it was many years ago when written by the undaunted Wooster Beach, M. D., who, it has been claimed, gave "birth and vitality to what is known as the American Eclectic System of

Medicine," and who was surely as good and sound an Eclectic as any doctor who boasts about knowing when and how to employ, as remedial agents, any or all of the bad drugs named in the Allopathic materia medica; "All violent medicines are to be avoided in fevers, such as antimony, mercury or any other mineral whatever; also blood letting. When the effects of mercury upon the human body are accurately investigated and duly considered it cannot fail to appear, that infinite injury must accrue from its use. Physicians ought absolutely to refuse giving or sanctioning the use of mercury. The principal and almost only remedies (if such they may be called) resorted to by physicians in this day, are mercury, salts, bleeding and blistering. It is sufficient here to observe that, instead of such treatment proving beneficial, by aiding nature to overcome the disease, it counteracts her salutary efforts, and either destroys the patient, endangers his life or protracts the complaint"

Notwithstanding Dr. Beach had had "every advantage arising from a regular course of study in the University of the City of New York" he expressed his sound Eclectism in these words: "I have not thought it beneath me to converse with root and Indian doctors, and every one who has professed to possess any valuable remedy or any improved method of treating any disease."

It is fair to presume that if Dr. Wooster Beach could step upon earth to-day, with no more knowledge than he had when he left it, many years ago, he would be better able to look after the best interests of patients than those doctors who have progressed to the enjoyment of using anything like the extract of filthy microbes and a diseased horse serum, concocted and decocted or prepared in Germany, and who never have learned that there is a difference between endurance and cure, and who are unwilling to admit that the artificial diseases they have caused ever contributed to injurious or fatal results. Dr. Beach, reanimated, without learning anything about modern specifics, would be a better physi-

cian than any nominal Eclectic who has either renounced or not accepted the superior theory of simple, safe and successful medical treatment.

It should be admitted that within the few past decades some valuable discoveries have been made in medical science; but to claim that the greatest part of so-called medical progression is correct progression, and that all the new-fangled notions about the healing art should supplant everlasting truths, is foolishness or fraud. Popularity and majorities, to which so much idolatrous homage is paid, never has made or unmade a truth. The simple, plain and unostentatious teaching and example of Jesus, that took him to the cross, show the greatest value when properly exhibited by the side of the faith and works of the chief priests and popular Pharisees. It is too bad to be compelled to believe that there are many Pharisaical physicians.

Let us look a little at the medical progression about which there is so much boasting in the largest branch of the profession. The Principles and Practice of Physic, by Thomas Watson, M. D., a very prominent physician of London, revised and edited by D. Francis Conde, M. D., an American physician of great prominence, was published in Philadelphia in 1849. The work containing 1040 pages, had flattering notices in fifteen foreign and home journals and it became a text-book in medical colleges.

Forty-six years later, in the year 1895, the Principles and Practice of Medicine by William Osler, M. D., containing 1143 pages, was published in New York. Dr. Osler has received titles or honors enough in London, Baltimore, Montreal and Philadelphia to please any lover of authority or notriety.

Dr. Watson said, "that when its exciting cause can be averted or avoided, dysentery is not an intractable disease;" that it "seldom requires the lancet;" that about mercury "the amount of evidence appears to be against its indiscriminate use," and he prescibed castor oil, Dover's powder, blisters of

starch with laudanum the warm bath, hot fomentations to the abdomen and "such means as promote the natural secretions of the skin."

Dr. Osler has stated: "Dysentery is one of the four great epidemic diseases of the world. In the tropics it destroys more lives than cholera, and it has been more fatal to armies than powder and shot. It has become less frequent of late years, owing to improved sanitary conditions." It is well that the admission has been made that more soldiers, having the dysentery have died than have been shot; and an honest and intelligent understanding of the nature of the treatment they received makes it also understood that such treatment, instead of the disease, has been the chief cause of deaths. Also, in admitting that dysentery is "less frequent of late years, owing to improved sanitary conditions," there is an indirect admission that there is less mortality connected with the disease, from preventive or hygienic means than from any improvement in the medical treatment of the disease. Surely, there has been no improvement in the treatment of dysentery along the Allopathic line, for the last forty-six years or more, if Dr. William Osler, physician-in-chief of the Johns Hopkins Hospital, etc., etc. has given the best "Regular" treatment in his book. "designed for the use of practitioners and students of medicine." His treatment is salts, corrosive sublimate, bismuth, opium, morphine hypodermically, cocaine, alum, acetate of lead, sulphate of zinc and copper, nitrate of silver, warm injections of quinine and turpentine to the abdomen. The mercy of God is very much needed under such treatment, and a correct observer will notice that it is not as good as that recommended by Dr. Watson over forty-six years ago. Sound Eclectics have decidedly improved the treatment for dysentery.

For pneumonia, Dr. Watson about the year 1838, recommended blood-letting, tartarized antimony, mercury, laudanum, wine and blisters. Nearly fifty years later, in the year 1895, Dr. Osler recommended blood-letting, alcohol, strych-

nine, ether, opium, morphine, Dover's powder and the cold bath, for the same disease. In the light of the above statements and in behalf of the surviving and mourning friends of the many who have succumed to such treatment, it is asked, where is the progress among the "Regulars," in the treatment of pneumonia?

In the year 1836 and for four subsequent years, Dr. Watson told the students of Kings College, London, when speaking of the treatment of typhoid fever, "that patients get well *in spite* of the well-meant but mischievous interference of the doctor," that the "tendency to recover is a constant source," that such tendency "leads us too often into the danger of ascribing to drugs what is really due to the workings of nature," and that "there are two things to be considered in the treatment of diseases: first, that we do the patient *good;* secondly, that *at least* we do him *no harm.*" The doctor said much against blood-letting and the use of mercury and spoke of the danger in the use of opium. He gave a little credit to the use of emetics and more to "cold or tepid sponging of the surface," and aperients and blisters. He advised the use of beef-tea and wine

Now let us pass through a period of fifty nine years to the year 1895 and allow Dr. William Osler to tell what progress has been made, during such period, in the science of medicine, as applied to typhoid fever. Quotations from the doctor's statements read as follows: "The profession was long in learning that typhoid fever is not a disease to be treated with medicine. Careful nursing and regulated diet are the essentials in a majority of the cases. Milk is the most suitable food. The patient should be encouraged to drink water freely, which may be pleasantly cold. Alcohol is not necessary in all cases, but may be given when the weakness is marked, the fever high and the pulse failing. If there is a muttering delirium, subsultus tendinum and a dry tongue, brandy or whiskey should be freely given. For the fever and its concomitants there is no treatment so efficacious as

that by cold water. The patient often complains bitterly when in the bath and shivering and blueness are almost a constant sequence For the diarrhea, if severe, a starch and opium enema may be given, or, by the mouth acetate of lead. Hemorrhage from the bowels is best treated with full doses of acetate of lead. For peritonitis, morphine should be given subcutaneously."

Where has progress or improvement been made in the treatment of typhoid fever? The answer is, among Eclectics who understand that many drugs are not medicines. Drs. Watson and Osler have condemned medicines in continued fevers, because, notwithstanding their great scholastic training, they never learned that drugs, which are entitled to the name of medicines, are not like or worse than two-edged swords. Simple and safe vegetable nervines, diaphoretics, astringents and stimulants, that never thwart nature's efforts, have been demonstrated—times without number—to be superior remedial agents in any form of fever. Yea, verily, it has also been demonstrated to a certainty, that the much neglected and slandered emetic, of a proper kind, at the proper time and properly given, is a specific if there ever was one, in any forms of disease, especially in that dangerous disease, without it, pneumonia. Of course such demonstrations have not been in large hospitals where bigotry and tyrannical laws have kept them out. It is a sad thought that error has very often had greater patronage, privileges and endowments than truth. Truth, nevertheless, is truth whether believed and respected or not. Not the least reference has been made, by either of the authors named, to something very important about digestion and assimilation. Patients who are very sick, especially with acute diseases, have no appetite, which plainly tells that they also have no power to digest and assimilate—the animal forces, at such time, being otherwise employed. No advancement in such line has been made in general by the profession, and many doctors allow the stuffing of patients to death, or to their injury. Milk, which

should never be used as a drink, is unwisely given to patients when they need water.

Is the cold bath of Dr. Osler, that causes the patient to shiver and turn blue and drives the blood that it does not stagnate to tender and diseased vital organs, better than Dr. Watson's "cold or tepid sponging of the surface?" That common sense which prevents jumping out of the frying-pan into the fire, unless to hasten death, replies—no. The trial to find progress in the therapeutics of the regular "Regulars" has been carried far enough. A change from one bad agent to another, or the discovery of injurious or deadly drugs is not progression in a true sense. There is no reliable evidence that the dangerous drugs employed by doctors to-day are better in lessening the work of digging premature graves, than the dangerous drugs used fifty years ago Time and use, inventions and discoveries cannot and will not change natural laws.

Any correct, intelligent and sensible observer has seen, with sadness, the progress that has been made, in the wrong direction, in the use of anodynes, stupefiers and intoxicants, since the death of Dr. Beach and since Dr. Watson lectured in King's College, London. The lancet for venesection has been mainly laid down and the agent of frequent injury or death, in the form of the hypodermic syringe, has been picked up. Instead of claiming that the blood is an enemy, in sickness, the nerves are now attacked, when they speak as friends through pain; and, Oh, if the patients live, the bold and secret drunkenness that often follows: With many doctors the cause of disease is of little consequence compared with its effect. Regardless of results or any proper curative ways and means, pain must be stopped, and the palate and stomach need not be offended with drugs when the skin can be easily and quickly punctured. Such tells something of what is claimed to be progress in medical science.

Hahneman should be greatly honored after his "observation, reflection and experience" in connection with the theory

and practice of the old school of medicine, for proclaiming in opposition to such school; but then, he showed his weakness when he took all the bad drugs of the old school of doctors and put them into his materia medica. The founder of Homeopathy made a great mistake when he thought that evil is not evil in infinitestimal form. "How great a matter a little fire kindleth." The nature of the tiger, no matter how small he may be when the training begins, never will permit him to be domesticated.

While I am, perhaps, exposing myself to the charge of being a pessimist, I will go further and ask these questions: What is the cause of there being so many proprietary drugs? If progression means an increase of drugs and compounds, have not the multipliers of nostrums made more progress than the medical profession? Would there have been the manufacture and sale of so many nostrums if doctors had furnished their patrons with proper medicines to be used in cases of emergency? Has not the causing of chronic diseases (generally a false name for drug diseases) which the causers have been unable to cure, made a demand for cure-alls, which lovers of gain have taken advantage of? Would it not be better for all concerned if the profession would, to a reasonable extent, help the people to help themselves, instead of forcing them to appeal to the mercy of quacks and mere makers and venders of drugs? If the profession would no longer claim that ratsbane, bed-bug poison, insect poison, potato-bug poison or their equivalents are medicines, and would employ drugs that the people can be trusted to use out of sight and without fear, would not all persons, except scoundrels, be more prosperous and happy? Such questions are worthy of more than a passing notice?

The world needs an agitation on the subject of medicine exceeding if possible, that which it has ever had about politics or religion. It matters not whether gold and silver are on a parity or otherwise; whether the tariff is high or

low, or whether the teachings about gods none, one or many, or the belief in immortality are true or false, if the body does not have proper care when it is sick, with due respect to its ultimate good. What is of more consequence than health and all its concomitant blessings? Where is the second Lincoln who will free our country from much that is called medical science, yet which is worse than was human slavery?

The Circular Operation and the Cure of Mammary Cancer, with Report of Cases.

BY GEO. W. BOSKOWITZ, M. D.

Cancer of the breast is so frequent and so dangerous a condition that its early recognition and complete removal is of the utmost importance. Delays have cost many precious lives. That cancer in its early stage is curable is to-day an admitted fact. That it is a local disease is also very generally admitted. A decade ago it was not so well understood and surgeons and patients had very little faith in its cure. The old method of operation was to extirpate, and in a few months the disease would return, but the circular operation, with our better knowledge of the activity of the cancer cell, the necessity of a complete and radical removal of all infiltrated tissues has given so large a percentage of cures, particularly in cases operated upon early, that confidence in operative measures in this disease had been restored. This circular operation with some modification is now called the radical or complete operation for carcinoma of the breast, and as such is very completely described in Gould's American year book of Medicine and Surgery. Before describing the circular operation and local treatment with which we follow it, I will quote from the above mentioned work, under the caption "Carcinoma of the Breast."

"Among the most important surgical papers of the year are those of Prof. Halsted on the results of operations for the cure of carcinoma of the breast. In fifty cases operated upon by what he calls the complete method, there have been only three local recurrences. The disability produced by the operation was very slight. He advocated a very thorough and radical operation in which not only is the carcinomatous

breast removed but the parts adjacent to it are thoroughly extirpated. He often extirpates the cervical lymphatic glands. He removes the Pectoralis Major muscle entire or all of it except its clavicular portion in every case, because the operator is thereby enabled to remove in one piece the suspected tissue."

In 1878 I described in the Medical Eclectic the circular operation, first advocated and performed by my friend and preceptor the late Prof. Robert Safford Newton, who 30 years or more ago advocated the complete removal of the breast for cancer and kindred diseases. The following I quote from the article mentioned:

"The process of cure is not in removing the Mammary gland alone, but in removing the skin glands and surrounding fatty tissue down to the pectoral muscle." The radical operation above described removes the pectoral muscle, in other respects the procedure is the same. In place of removing the pectoral muscle, unless completely infiltrated, we apply the saturated solution of the sulphate of zinc, and in that way destroy any nodule or malignant group of cells that may not have been reached in the removal of the mass. The whole treatment can be better described by the following report of cases:

In June, 1893, I was consulted by Mrs. G. of Stamford. She had a lump in her breast which was giving her great pain and discomfort, and she had been advised to have it removed. Mrs. G., who is 65 years old, gave the following history: Ten years ago she felt a small lump in the upper part of her left breast, which at that time gave her very little inconvenience, in fact no pain at all. About a year ago it began to pain, the skin about it began to contract and become slightly discolored. Pain has been of a sharp, shooting character, and at the present time seems to pass through to her shoulder; the lump has grown considerably during the last year, and there are several small lumps in the arm-pit; when they appeared she does not know. The family history

is good and no member of her family, to her knowledge, has ever had malignant disease. On examination I found a hard mass involving almost the entire mammary gland, the nipple very much retracted, axilary glands badly infiltrated, and the skin over the tumor bound down, rough and purplish.

On the 3rd of October I operated, removing the entire mass—skin, gland, fatty tissue and pectoral fascia, together with the glands and fat in the axilary cavity. I then covered this surface with gauze dipped in a saturated solution of sulphate of zinc, and placed in the cavity in the axila a sterilized sponge which had been saturated with the same solution. This was removed after 24 hours, and the parts thoroughly irrigated with sterilized water. Water dressings were then applied over the gauze that had been saturated with the zinc solution, and changed about every three hours. The gauze with the solution of zinc was allowed to remain five days; upon its removal the wound appearing healthy the water dressings were continued—the wound contracting and having the appearance of a healthy ulcer. For the first few days the patient received as nourishment, milk and the concentrated foods—the stomach being slightly irritable from the anesthetic. On the sixth day the patient was allowed a generous diet and in one week was able to leave her room. This same treatment was continued and at the end of eight weeks the wound had completely healed, although a very large tumor—leaving a wound 15 or 16 inches in circumference—the eschar which is soft and pliable is less than one-half an inch in width and 4½ inches in length. I have seen the patient within the last three months and she is perfectly well.

Miss T. of Brooklyn consulted me in 1891 for a painful condition of her breast and retraction of the nipple. Upon examination I found a small nodular lump directly back of the nipple; this had come so gradually that Miss T. could not date its first appearance. She had noticed it about 3 months previous to consulting me. She had suffered a constantly increasing pain, was growing thin and becoming exceeding-

ly nervous—previons to her noticing the condition of her breast she had been in good health but, as she expressed it, had hardly seen a well day since. In September, 1891, I operated and although the tumor was small, I removed the entire breast and surrounding tissues as in case No. 1 except that there was no occasion to interfere with the axila. This patient being young made a very rapid and complete recovery, the wound completely healing in four weeks. All nervous symptoms have disappeared and the patient is apparently in perfect health to-day—weighing thirty pounds more than at the time of the operation.

It is needless to report further cases as these two illustrate the extremes—the small tumor operated upon early, and the delayed cases with severe infiltration of surrounding lymphatic glands.

This open method of after treatment may seem tedious but it has to my mind many advantages, allowing frequent examination and inspection and if unhealthy or malignant tufts or nodules appear they can be cut down by applying the solution of the zinc salts.

NEW YORK CITY.

PASSIFLORA INCARNATA.

BY S. JAGERS, M. D.

"Flower in the crannied wall,
I pluck you out of the crannies,
Hold you here, root and all, in my hand
Little flower—but, if I could understand
What you are, root and all, and all in all
I should know what God and man is."

Passiflora Incarnata—In imagination, the powerful faculty for fancy's weaving of thought. I hold you here in my hand, applying your potent life-blood like magic, to cure the maddening disabilities of the physical man; in you, Passion Flower, I see unfolded the symbols of the Christian faith; but it is not my office to define your symbolical nature to these intelligent followers of Aesculapius, to whom, doubtless, your marvelous bloom and medicinal virtues are familiar, but rather to lay my brief tribute of commendation and thanksgiving on the common altar.

To Dr. M. H. Hennel of Cohocton, Ohio, I am much indebted for valuable information concerning this one of 210 species of Passiflorae. The Incarnata is the kind most commonly known throughout our country. In Kentucky and Pennsylvania it is used for decorative purposes. You will see it climbing upon porticoes, about the windows and arbors. It loves to dwell in warm climates and so further south it is more abundant. Mexico, South America, the West Indies, Asia and Africa, have different species. I have not been able to discover *when* it was first introduced into the Materia Medica.

Phares claims to have used the *incarnata* and *lutea*—both species indigenous to our Southern states, with extraordinary success, in all cases of tetanus neonatorum, in all

sorts of neuralgic affections and in the form of an extract of the root as an application to erysipelas, recent burns, etc.

A tincture of Passiflora *rubra* was employed in Jamaica, as a substitute for laudanum. The *fruit* of some of the species is eaten in tropical America, and considered quite delicious, but the *root* of the plant is said to be poisonous. The preparation that I have used exclusively is Lloyd's Specific Tincture. Why? not only on account of the nice mixture with water, but the *reliability* of the drug; it is made from the root of the herb and the attached stem stalks. In its action it is a nervine antispasmodic tonic and *soporific*. For *insomnia* I know no one remedy to substitute for it. An acquaintance of mine, who has long suffered from some functional cardiac disturbance, and subject for several years to *distressing insomnia*, since learning of this medicine is never without it, and *now* after taking fifteen or twenty drops *sleeps* as though either eyelid had been touched by the finger of old god Somnus, and awakens in the morning perfectly refreshed, with not a vestige of any symptom to remind her that she had been obliged to assist nature in performance of her perfect work.

Headland says: "The relief of pain and the production of sleep are about the commonest and the most grateful of the offices which fall to the lot of the physician." In the restless, nervous condition often accompanying pneumonia, I have prescribed the Specific Tincture with the most beneficial results. A patient who was soon to give a piano recital, and who had practiced so diligently and persistently ere the dawning day of this trying ordeal when she should appear before the critical, fault-finding public, came to me complaining that her nerves would not be dominated further by her usually, strong controlling will. I gave her Passiflora Incarnata and after she had taken a few doses she again felt she held complete mastery of herself.

But, one of the most satisfactory and gratifying cases in which I have had the good fortune to test this drug is the

following: January 20, 1894, I was called upon by a young girl in her twelfth year. Her history is—as accurately as I could learn it—at the age of four years she had a severe attack of membraneous croup. Dr. Gerster being a particular friend of the family, was called; he made the diagnosis and then placed his assistant in charge, who, in attempting to insert an intubation tube allowed it to slip into the esophagus and the child swallowed it; after four days, the tube was recovered. The father was so enraged over the accident that the physician was peremptorily discharged; immediately Dr. Northrup was summoned, and successfully performed the operation: this occurred in February; the child recovered, but in March following she commenced having convulsions that have continued at irregular intervals for a period of almost eight years. She has been examined by Dr. Spitzka and several eminent specialists and treated by different doctors during these years. The one last employed, previous to coming under my charge, chanced to be a classmate of mine, who, afterward, took a course at the University of New York; for a year he kept her on the Bromides, until *Bromism* was exhibited and the mother refused to give her that medicine any longer; after which, being advised by some one of her neighbors, she gave her Dr. Koenig's nerve tonic for a year; the convulsions lessened in frequency and severity, but each day the child became more and more emaciated. Growing greatly discouraged, they decided to try a lady doctor. The elder sister, for whom I had prescribed several times for slight maladies, brought the little girl to my office Saturday, January 20. I made a cursory examination that evening, gave her a tonic and alterative and advised the sister to bring her again in a day or two, for she seemed timid and exceedingly nervous; she complained of feeling so weak all the time, and excessive pains in her shoulders and extremities; in percussing and palpating over hepatic region and the entire right side of vertebra from seventh cervical to

sacrum great sensitiveness was evinced, but none whatever was discovered on left side of vertebra; at cartilaginous articulation of eighth rib, an enlargement about the size of a small hickory nut; abdomen so sensitive that in bathing the mother could not rub the towel over it. Hands and arms had tingling, sleepy feeling. It seems some eight weeks prior to this time she had an attack of tonsilitis, from which she recovered, but complained of muscular pain. The doctor told her that was not an unusual sequela; however, that verdict did not prove an anodyne, and consequently, they decided to try another physician. January 21st the sister came to say the child's feet and ankles were swollen and painful, and merely wished some medicine to relieve the pain. January 22nd I made my first visit there, and found her suffering from articular and muscular rheumatism, which continued for nine days. I think I have never known or read of an instance where nearly every articulation and adjacent muscles of the entire body was so affected. With a thorough eclectic treatment by January 31st she was wholly free from pain and I made my last call. During these nine days spent in bed she had two slight convulsions, but were not of sufficient severity to cause them any deep concern.

February 14, I received my first supply of Sp. Tr. Passiflora from Lloyd Bros., Cincinnati (not being able at that time to procure it here.) I determined to give this medicine a fair trial and satisfy myself as to its efficacy in the treatment of epilepsy. The first severe fit that she had since I took the case occurred April 5th. I had never witnessed her in one of her spells as her family termed it, until May 14th, when the mother and sister brought her to my office with the information that she had four convulsions the day before—all very slight, but *one*, and while they were relating the occurrences of the past day, she began to grow pale, with eyes rolled towards the left, the direction in which she turned her head; a little frothing from the corner of the mouth; fingers stiffened and then the whole body became

convulsed and rigid. I gave her ten drops of the Sp. Tr. in half an ounce of water, and, in less time than I have taken to read you the dose, she became relaxed. We let her lie still for a few moments—for, when the attack began we laid her upon her back in my Gynecological chair. After administering a tablespoonful of panopepton she was able to walk to her home—a distance of half a mile. She remained my patient for one year, steadily improving in strength. After three months treatment she would hardly have been recognized as the thin, weak patient who appeared at the office January 20th. All sensitiveness had disappeared from abdomen—that condition having continued for eight years; the nodular enlargement likewise disappearing from the region of the eighth rib, and she was a fat, rosy, healthy looking girl; intellect brighter, and no severe convulsions as formerly, nor were they one-third as frequent, and the epilepsy while not entirely cured in one year's time, was amenable to the specific action of Passiflora, and I have no hesitancy in stating that had they continued the medicine she would have been entirely cured. At no time during the year's treatment had the fit lasted longer than twenty minutes, whereas, she had in former years usually remained in each convulsion not less than one hour and on one occasion, for six hours. The mother often said she had never seen any medicine that acted so quickly. It was scarcely swallowed when the child became quiet, and in a space of twenty minutes would be engaged with her playthings. It is to be regretted that in treating chronic cases, we too often have to discontinue further treatment because the improvement of the patient impresses the family that our services are no longer required. Possibly financial considerations decide the question. There exists not a vestige of unbelief with me in the efficacy of Passiflora incarnata, as the remedy par excellence in treating epilepsy, and if some of the scattering seeds of Passiflora may take root and blossom out into magnificent results, to the glory and honor of your name as successful prac-

titioners and to the recovery of many neurasthenic patients, I shall feel that this paper has not been presented in vain.

NEW YORK CITY.

URINARY DEPOSITS.

BY MAX MEYER, PH D.

Mr. President and Members of the Eclectic Medical Society of the State of New York:

The analysis of urine has become a very valuable factor in clinical medicine and although it is impossible to diagnose *all* diseases from the urine yet the majority of cases may be determined, and the marked changes seen in pathological conditions will aid to formulate the prognosis.

The complex composition of urine makes it difficult to obtain a perfect and reliable analysis unless the examination is made by skillful and conscientious researches.

Urine holds organic and inorganic compounds in solution, which undergo a rapid change due to the presence of "Micro organisms," the so called "Fission fungi." Their activity produces ammoniacal decomposition which results in the transformation of one compound into another.

Normal urine when recently voided is perfectly clear and transparent, but solid matter soon appears in it and forms a sediment, "the Urinary Deposits." They are quite numerous, of different forms and in abnormal conditions highly important from a diagnostic point of view.

In order to collect the deposits a conical glass is employed in which the urine is allowed to settle for about twelve hours and then the clear liquid above is decanted, leaving the sediment at the bottom.

By the centrifugal machine it can be obtained as a dense layer within a few minutes.

The examination of the deposits should be both chemical and microscopical. In the former they will be recognized by their characteristic chemical reactions, but the mi-

croscope is of the surest value to determine the constituents.

Although it is true that we cannot with the microscope make a positive *quantitative* examination, nevertheless the *quality* of the various constituents can be ascertained with minute precision and this in the majority of cases will suffice to assist in the diagnosis and at the same time verify the chemical analysis.

As the time allowed for my paper is limited I will only discuss a few of the manifold structural elements and illustrate them by the projecting microscope. The slides represent typical specimens and are prepared from human urine.

The magnifications as seen are 5,000 diam.

The first specimen on the screen is *uric acid* $H_2 (C_5 H_2 N_4 O_3)$. It is a bibasic acid and classified into three groups, namely:

1, Neutral or normal urate (M_2 U.)
2, Acid or biurate (MHU_2)
3, Hyperacid or quadurate ($MHU, H_2 U$).

The crystalline nature may usually be detected by the naked eye it forming the so called "brick dust deposit." The beauty and variety of the crystals are very marked, the color due to the tendency of the acid to combine with the coloring matter of the urine. The primary form of uric acid is the rhombic prism, but a multitude of modifications occur. As a rule uric acid is found in acute fevers and inflammations attended by pronounced elevation of temperature and blood changes—in gouty and rheumatic diseases—in the early stages of interstitial nephritis—in overindulgence in animal food, etc.

Sodium Urate (Na_2 U) occurs in minute irregular amorphus granules grouped together resembling moss plants.

Ammonium Urate (NH_4 U) forms crystalline spherical deposits studded with fine sharp pointed spiculæ "the thorn apple crystals."

Both are often met with in febrile conditions mainly in diseases of the viscera especially in disturbance of the liver,

also in functional disorders of the stomach due to incomplete metamorphosis of proteids. A copious sediment of urates we find in gout during the attack, which disappear upon the approach of convalescence.

Calcium Oxalate (CaC_2O_4) is found in acid as well as in alkaline urine. The most frequent crystals are the beautiful high refracting "envelope-shaped forms." They are made up of four-sided pyramids situated base to base and viewed from the side, appear as squares crossed obliquely by two sharp lines.

The second form is the "dumb bell shape," which is rarely met with. The occurrence of calcium oxalate is due to oxalic acid, saccharine and starchy matter of which certain vegetables contain a large amount. If these vegetables are eaten in excess the saccharine and starchy matter are transformed into oxalic acid and this into carbonic acid and calcium oxalate. Carbonic acid renders the blood by the carbon dioxide highly alkaline, thus diminishing oxidation by the insufficiency of the red blood corpuscles. The calcium oxalate being insoluble in water is eliminated by the urinary tract.

In imperfect respiration and circulation large quantities of calcium oxalate are excreted due to the mentioned facts.

Two kinds of phosphates are found in healthy and abnormal urine, namely:

1. *Triple Phosphate*, or ammonia-magnesian phosphate (NH_4MgPO_4) is met with in different shapes of great variety. The most common form is the "Coffin shape crystal." These are triangular prisms with bevelled highly refracting edges, which can never be confounded with other forms. A less frequent crystal is the stellate triple phosphate, having a star or feathery appearance.

2, *Calcium Phosphate* ($Ca_3(PO_4)_2$) is seldom found, it forms amorphus deposits or crystals of slender blunt-pointed bars.

An abundance of phosphates can always be regarded as

a grave symptom. General debility with feeble respiration favors the accumulation of carbon dioxide and this diminishes the acidity of the blood, permits the phosphate to separate. In nervous debility, neuresthenia, cancer, phthisis, dyspepsia, chronic rheumatism, and in all severe morbid changes the phosphates will make their appearance.

Cystin ($C_3 H_6 NSO_2$) is a rare crystal found in hepatic disorders especially in yellow atrophy. Very little is known about the clinical significance unless the readiness to form gravel.

Leucin and *Tyrosin*, ($C_6 H_{13} NO._2$)($C_9 H_{11} NO._3$) are closely related, they are generally found together and are the product of the decomposition of proteids.

Leucin occurs as highly refracting yellowish spheres. Tyrosin crystalizes in fine needles arranged in sheaves. In yellow atrophy, in acute Phosporus poisoning, in Typhoid and Small pox their presence is positive.

Hippuric Acid, ($C_9 H_9 NO._3$) is another interesting crystal appearing in needle and prism shape. It is a constituent of normal Urine being especially found when vegetable food or certain drugs are taken. We meet this acid in excess in diabetes and chorea and acute febrile processes.

Chloride of Sodium, (NaCl) is next to Urea the most abundant element of the Urine.

In health the amount fluctuates according to quantity and quality of food ingested.

Clinically the Chlorides are diminished in all acute febrile conditions attended by serous exudations, in Pneumonia, impaired digestion, dropsy, etc.

Chlorides are increased in Diabetes insipidus and in the declining stages of Dropsy.

As a rule a decrease takes place till the crisis of the disease is reached, after which a continued increase is a favorable sign to recovery.

Blood. The red blood disks have a biconcave shape, the margin is somewhat dentated so that they appear stellate.

We find the red blood corpuscles sometimes without any coloring matter but oftener where the haemoglobin is still preserved. As there are too many pathological conditions under which the Urine becomes mixed with blood, allow me to omit details.

Pus appears as spherical, granular bodies, having one or more distinct nuclei. Pus corpuscles contain an albuminous substance, which coagulates similar to serum albumin. There is a wide range of pathological conditions in which Pus is found from the slightest irritation to the gravest lesions in any part of the urinary tract.

Mucus resembles Pus very much, and without chemical reagents can hardly be distinguished by the microscope. Mucus is viscid, slimy and tenacious. In normal Urine it occurs in small amount, but in catarrhal affections of the urinary passage it increases, often in abundance.

Epithelium cells are found in healthy and morbid Urine.

Squamous Epithelium is most prevalent. These cells are large, flat, irregular in outline, with a distinct central nucleus. They are chiefly derived from the bladder and vagina.

Small round and fine granular cells with a large nucleus and nucleolus occurring in singly or firmly cohering groups are the most typical forms of the deep layers of the renal pelvis, the bladder and male urethra.

Caudate and spindle shaped cells with a well marked nucleus and generally tailed are found throughout the whole urinary tract except the kidney itself.

It may be said that a positive statement from what parts the different cells are derived cannot be made and we may only depend upon this in a general way.

Urinary casts are always of the highest value in diagnosis. They are the result of desintegration of the epithelium of the renal tubules to morbid changes consisting of coagulable elements of the blood which entangles the free or partly detached product of the tubules and are washed down with

the Urine. The casts may be of different dimension, covered with blood, pus, cells, Bacteriae, oilglobules, etc., their appearance can be granular, hyaline, waxy and pigmented. Their presence is always a grave symptom indicating degenerative changes in the kidney.

Spermatozoa are found in some cases of severe illness, such as Typhoid and epileptic attacks, and if the Urine contains an excess of Spermatozoa they may aid in detecting masturbation.

Fungi are also found in Urine. Those of the non-pathogentic class *Mold Fungi* appearing when ordinary decomposition sets in, they form long threads of elongated cells bearing beautiful buds.

Yeast fungi when found are the surest sign of the presence of sugar. The mother cell of a spherical shape has a well defined nucleus and from this buds sprout and arrange themselves in bead form. For their growth it is necessary that the urine be acid, as they cease to multiply in alkaline fluid. Toward putrefaction *fission* fungi are met with in Urine, among the many forms micrococcus urea is typical. They appear as minute round bodies joined together in long chain like threads and with quick movements of the pathogenic fungi.

Bacillus tuberculosis and *Gonococcus* of specific gonorrhoea are the most often found.

NEW YORK CITY.

The Modern Pathology and Treatment of Gonorrhea.

BY W. J KRAUSI, M. D.

In this paper I shall confine myself, as nearly as practicable, to the consideration of the pathology and treatment of acute and chronic specific Gonorrhea, simply mentioning the possible complications without special attention to the pathology or treatment of such complications.

Specific Gonorrhea is an infectious inflammation of the urethra. Into its history I do not desire to enter further than to state that Gonorrhea, as a contagious disease, has been recognized and described by our ancient medical writers. Hippocrates and Celsus mention particularly the contagiousness of Gonorrhea.

We recognize two varieties of Gonorrhea, first and least prevalent a non-specific inflammation of the urethra, due to or contracted by excessive exertion, alcoholism, irritation of the urethra, as masturbation, etc., with or without constitutional accompaniments. Second, the most prevalent, a specific contagious disease the discharge of which contains a culture growing and inoculating gonococcus.

Specific Gonorrhea may be contracted in any opening of the body containing mucus membrane,—the urethra, vagina, womb, eyes, anus, etc., etc. When Specific Gonorrhea is not cured in the acute or subacute stage it becomes chronic. Specific Gonorrhea may be the starting point from which grave diseases are evolved; for instance, dysmenorrhea, ovaritis, salpingitis, pyosalpinx, perimetritis, periurethral abscess, cystitis, pyelitis, prostatitis, vesiculitis, epididymitis, sterility, etc. (Nogerath, Angus, Macdonald.)

Specific Gonorrhea is very rarely contracted in the urethra except by sexual intercourse. The conditions favor-

ing infection are alkaline reaction of the genital secretions. Ordinarily the secretions of the genitals are acid, but under conditions of strong sexual excitement the urethral secretions become alkaline. Conditions diminishing the risks of infection are immediately after coitus, urination and washing of the parts.

The period of incubation, meaning the time from the contact of the virus to the first symptoms, during the period of the development of the organism and its multiplication, is from one to fourteen days. In the majority of cases the symptoms appear on the third day after coition.

The clinical manifestation and history of Gonorrhea being so thoroughly understood, I shall not enter into a detailed description of them, but simply state a few personal clinical observations.

As a rule, we can divide specific Gonorrhea into three stages: Acute, sub-acute, and chronic. These stages are not arbitrary. The period of each stage, without medication, would be about: Acute stage, twenty days; sub-acute stage, five weeks; and the chronic stage beginning at about the ninth week after infection. There is, in general, a marked pathological difference between the acute and chronic stage.

In the acute stage we find healthy living pus of alkaline reaction and living leucocytes; in the chronic stage we have dead pus with the leucocythal characteristics of such pus. But in both the acute and chronic stages, even after Gonorrhea has existed for years, we find in the secretions the specific germ,—positively proving that specific Gonorrhea is not a self-limiting disease.

The chordee appears from the third to the fifth day of the acute inflammation. Bubos are the result of direct infection through the superficial lymphatics. They may appear at the third day and are liable to appear at any time, even years after the acute attack, if a chronic Gonorrhea exists. Epididymitis only appears in the chronic stage by

infection, unless produced by injections. Cystitis and prostatitis rarely occur idiopathically and are usually due to mechanical or chemical irritation or by inoculation through instrumentation. Gonorrheal rheumatism only occurs in the sub-acute or chronic stage. Seventy-five per cent. of the cases occur between the second and third month of infection. Nearly all other diseases complicating or originating from or through Gonorrhea occur in the sub-acute or chronic stage.

The diagnosis of specific or non-specific Gonorrhea is easily made, but can only be made by the use of the stain and the microscope. If the urethral discharge contains gonococci it is a specific Gonorrhea; if you do not find gonococci it is a non-infectious inflammation of the mucus membrane, the acute manifestation of which will terminate in six to eight days, disappearing entirely in about two weeks without medication, though when a constitutional perversion exists, simple urethritis may lead to complications of as severe a character as specific Gonorrhea.

The specific Gonococcus was discovered by Weiser in 1879. The cocci are triangular in form and are found, as a rule in pairs, the base of one coccus facing the base of the other. They stain easily with all ordinary aniline colors. A culture may be prepared on human blood serum at a temperature of thirty-three degrees to thirty-seven degrees C. The attempts to infect animals with specific Gonorrhea have so far been without success, though the living human mucus membrane becomes infected in every instance.

Chancroidal ulcers or the initial lesions of syphilis, situated just within the meatus may produce a discharge simulating non-specific Gonorrhea. Virulent syphilitic ulcers upon the outside of the penis very often produce urethral discharge, which discharge disappears as the ulcer or ulcers heal.

In fifty per cent. of the second attacks of specific Gonorrhea it is simply a reawakening of an old condition, which may have been latent for months or years. In such cases

"tripper faden" were present, particularly in the morning urine, before the acute attack made its appearance. Upon examination of such rejuvenated cases you will always detect a thickening of the mucus membrane, or ecchymosed spots. In such cases the severity and duration of the acute symptoms are nothing in comparison to the primary infection. Upon microscopic examination of the discharges of such cases you will detect the specific gonococci. The reawakening of latent Gonorrhea may be caused by ill health, passage of urethral instruments, masturbation, excessive use of alcohol or over sexual indulgence. Only under exceptional circumstances does this disease threaten the life of the sufferer. Under bad hygienic surroundings and dissipation, the inflammation may result in local gangrene, septic infection and death; or a fatal termination may result from complications such as acute suppurative prostatitis, purulent arthritis, stricture, and pyllonephritis. I cannot too emphatically draw your attention to the fact that the expectant plan of treatment,—that is, to defer all treatment till the fifth or sixth week, or sub-acute stage,—is unscientific and lays the physician open to the charge of malpractice. It is during the first weeks of the disease, or its incipient period, that most of the complications, in the urethra, are liable to occur, such as granular patches, ulceration, sub-epithelial deposits of lymph, etc.,—conditions that generally form the foundation in the formation of stricture.

Before considering the treatment, I would like to call your especial attention to an important pathological fact, as demonstrated by the investigations of Bumm and others: that the gonococci very quickly *penetrate* the epithelial covering of the mucus membrane and deposit themselves in the *lymph spaces* of the upper connective tissue layer. This important point you must keep in view. If you keep this pathological fact in mind, you can, in the consideration of treatment, readily see why injections, unless performed during the first twenty-four hours of the inception of the disease, are

worthless further than stimulating the mucus membrane to a vigorous activity, such activity increasing the resistance of the epithelial cells to the inroad of the bacilli. Specific Gonorrhea can be aborted by injections, but such injections must be made during the first few hours of the "showing" of the disease. The only remedies which will accomplish this, with any degree of certainty, are zinc sulphate of the strength of about one per cent. solution; copper sulphate one-fourth per cent. solution. Authorities consider nitrate of silver of especial value at this stage, but my experience with it has been unsatisfactory.

In no disease have the resources of the pharmacoepia been drawn upon as in Gonorrhea, and in no department of medicine have so many "specifics" proven to be chimerical.

I will give a minute description of the treatment which, in my hands has proven the most successful. I might almost say "specific." The treatment may be divided into two methods: Medication by injection and internal medication.

Injections, as I have above stated, have first no value unless used at the inception of the disease; second, to reawaken a chronic asthenic Gonorrhea into an acute or sthenic condition.

The internal treatment may be divided into acute and chronic. Ascertain if you have a specific Gonorrhea, or a "stain." If you find the cocci it is important to impress upon the mind of your patient that a Gonerrhea requires more careful treatment than a "cold in the head." Inform your patient of the cause of the disease and especially its contagious character, that cleanliness and strict hygienic regulations are of equal importance to the taking of medicines. If the patient has been living upon "rich" food, reduce to a plainer fare; if the nourishment of the patient has been "poor" increase the nutritive character of the food. Reduce the meat diet to the lowest possible condition in all cases. Permit no alcoholic drinks, no extremely salty or sour dishes.

Give plenty of milk, warm or cold, freshly made lemonade and pure water, and give

(No. 1. "A.")

℞

Tr. Aconit. rad.	gtt X
" Gelsemium	gtt XV
Fl. Ext. Gaulth.	dr. IV
Aq. q. s. ad.	oz. IV

M. Sig. dr. I every hour.

At the same time give

(No. 2. "A.")

℞

Magnesium sulph.	oz. II

div. Chart No. XVI.
Sig. one every 4 hours in oz. II H_2O.

Continue this treatment for about 15 days. If the chordee becomes troublesome, increase the dose of Gelsemium.

If there is a rheumatoid or gravel diathesis, add to mixture No. 1 "A" Fl. Ext. Epigea rep. dr. IV. Should inguinal glands swell add to mixture 1 "A" Fl. Ext. Phytolacca dr. I, also give calcium sulphid gr. ⅛, in tablet, one every hour. Two days of this treatment will abort bubos. On the fifteenth or seventeenth day after all acute symptoms have disappeared change medicine to

(No. 1 "B.")

℞

Fl. Ext. Hydrastis can.	
Fl. Ext. Agrimony	aa oz. I
Aq. q. s. ad.	oz. IV

M. Sig. dr. I every 3 hours in H_2O.

(No. 2 "B.")

℞

Balsam Copaiba	oz II

div. caps. No. XXXXVIII.

Sig. One to two 4 times per day, after meals and be-

fore retiring. If the discharge does not entirely stop in 5 days discontinue copaibi, as it is of no value in this particular case. . Give in place

R
Ol. Santal—soft caps. MX
No. XXX.

Sig. One to two every 4 hours, after meals and before retiring. When copaiba fails santal wood oil will cause a positive cure in almost every case in about 5 days.

There is great difficulty in getting pure oil of santal wood. Most santal wood oil in the market is adulterated, I believe. The best in New York city can be had at the Mutual Drug Co., 30th street corner Third Avenue.

If there is a malarial tendency add to "1 B" Fl. Ext. Eucalyptus dr. III in place of the Gaulth. If this does not cure the case I question if any medicine will save it from becoming chronic.

If the discharge continues longer than two months it assumes chronic characteristics and is now "Gleet." This chronic condition may be brought about by improper treatment or by the presence of some pathological condition in addition to the original inflammation. Such pathological condition may be due to some local lesion, such as mucoid granular patches, plastic infiltration of the sub-mucus tissue forming strictures, prostatitis or some form of periurethral inflammation. In the treatment of chronic Gonorrhoea it is very important to make a proper diagnosis, and to be exceedingly exact as to the location of the diseased area. A diagnosis can easily be made, with a little practice, by the use of the microscope and the bulb sound. In the chronic stage internal specific gonorrheal medication, outside of general and special tonics, is practically of little if any value. The treatment must be mainly directed to the removal of the cause. Each case requires a slight variation in the general mode of treatment. The cause may be local or constitutional. If constitutional and due to anemia, which appears

to be the difficulty in most instances, iron in some form is indicated especially the Tr. Ferri Chlorid in combination with the vegetable tonics Quassi and Colombo, which should be continued for months. If the cause be of a local character, particularly granular patches, strictures, etc. the judicious passage of full-sized sounds, which should be passed every day and allowed to remain for some ten to fifteen minutes. The sound should never be passed further into the urethra than just beyond the lesion and, if possible, never into the bladder for fear of the infective or mechanical production of cystitis. After all mechanical obstructions have been removed. give, internally, such remedies as Hydrastis, Pulsatilla, Agrimony, etc., and capsules containing oil of santal wood for about a week. In these cases it is wise at times for the doctor himself to apply a mild *deep* injection Such injections are simply used for the purpose of stimulating the mucus membrane to a greater physiological activity. The best injection, in my hands, has been a solution of one per cent. zinc sulphate or the pure aqueous extract of Hamamelis. Before injecting have the patient urinate. Some of our Eclectic authorities (Boskowitz) report great success from the use of hot water used freeley and persistently. Dr. Henry E. Waite recommends very highly the use of the pure copper sound with about five milliamperes of the galvanic current, the sound being introduced into the urethra far enough to cover every diseased part and the electricity continued for about ten minutes, claiming that the galvanic current liberates copper which unites with the oxygen of the tissues forming copper oxid. The particular advantage claimed in this treatment, is that the copper is carried into the interstitices of the tissues.

Dr. G. W. Thompson reports excellent success with the following method: Beginning dilatations of the urethra with a small sound, immediately following with larger sounds till the largest possible sound has been used. Leaving the last and largest sound in the urethra for five or ten minutes. Im-

mediately upon the withdrawal of the last sound use an injection, such injections to be made deep enough to cover every diseased part of the urethra. Almost any injection containing styptic and anti-septic properties are of use in this form of treatment. These dilatations and injections to be made at least once per day and, if the conditions warrant it, twice per day.

The endoscopic method of diagnosis and treatment is very scientific, sounds grand to write and talk about, makes a fine impression upon the patient. but practically it takes considerable time for proper manipulation, it is painful to the patient and requires considerable money outlay for proper apparatus, etc., but gives no better results The best endoscope is the sense of touch with the adjunct of the microscope. The microscope is an absolute necessity to practice genito-urinary diseases intelligently.

During the general treatment of chronic gonorrhea there must be avoidance of all alcoholic drinks, venery, horseback or bicycle riding or any violent exercise.

This has been my experience in the treatment of over 700 cases of acute and chronic gonorrhea.

NEW YORK CITY.

PART III.

ADDRESSES

DELIVERED BEFORE

The Eclectic Medical Society

OF THE

STATE OF NEW YORK.

Annual Address of President Arthur R. Tiel, M. D.

LADIES AND GENTLEMEN—

Fellow members of the Eclectic Medical Society of the State of New York:

It gives me pleasure to greet you after another twelve months to this, the 36th annual session, held at this great metropolitan center, where we may enjoy a brief respite from the cares and anxieties that are inseparable from our chosen profession. As has been the custom at all annual meetings of Medical Associations, as President it becomes my duty to offer an address pertaining to the science of Eclecticism, and its progress in the medical world.

Eleven years have come and gone since our sessions were held in this great city, and as we take a backward glance over those years, we as Eclectics have great reasons to rejoice and take courage from the advancement made. Many familiar forms and faces who were with us then, have gone to that bourne from whence none return, and their places are filled by others.

Our system of medicine is such, that we as practitioners, have a decided advantage over our colleagues of the other schools, and when placed by their side in competition, the Eclectic does a little more than hold his own, he takes the cream of the practice. The strength of the Eclectic cause lies in the earnestness, the sincerity and the resoluteness of those who profess its doctrines, when clearly and fairly set forth, its principles are not easily controverted. We have but to promote general information, to be on the alert to advance the cause, to abstain from jealous intolerance of each other, reserving all energy to improve and protect ourselves from the common adversary. The success of Eclecticism as

demonstrated by its adherents at the bed side, has caused our "regular" brethren much uneasiness and alarm, so that for years our legislators have been importuned to come to their relief, by the passage of such laws as would drive from practice, all those whom they delighted to call irregular. Eclectics have never asked for legislation to maintain an existence, but on the other hand, when our regular friends wish to foist upon us, an examining board, composed princi pally of their own number, and compel our students to be examined by it, our school has revolted, and our legislative committee has demanded equal rights for our students and due recognition of our school.

We desire no lowering of our medical standard, but as a School of Medicine, we demand as high attainments in medical and surgical sciences as any school in the land, and we have to-day in our ranks, physicians who are the peers of any on the continent.

The "dear people" for whom our regular friends of the old school have been solicitous, have not asked for legislation, although for years, the old school have had their perennials before the legislature and would have all believe that the laws should be so changed as to relieve the "dear people" from medical in tolerance.

The people apparently have been satisfied to employ whom they choose, for the Eclectic, wherever located, is thriving and prosperous.

Much credit is due to the joint action of our College, with the legislative committee of this Society, in watching the actions of our friends as they have from year to year brought out their bills before the legislature. At last our old school friends succeeded in formulating a bill, and finally making it a law, which placed Eclecticism where we have ever sought to be, on an equal footing with the other schools. The law has created examining boards, each of the three schools being represented by its own board.

Let me call your attention to the report of the State

Board of Regents for the Academic year, from September, 1894, to June, 1895. (This report was taken from an old school journal, The Medical Record.) 606 students appeared before the Alopathic State Board, 445 were successful, 170 were rejected. The percentage of failures, 26.5 per cent. Homeopathic Board, 60 students examined, 52 successful, 8 rejected. Percentage of rejections, 13.3 per cent. Our own Eclectic Board examined 11 students. 10 were successful, 1 was rejected. Percentage of rejections, 9.1 per cent.

It was undoubtedly believed, by the formulators of the law, that the Eclectric students from the little College on 14th street, would not be able to stand the examinations, or compare favorably with the student of the well endowed old School Universities. Thanks to this law, all schools are equal before it. This fine showing as quoted from the Regents' report, would be sufficient of itself to cover our college with glory, but it is not all, for the New York Eclectic Medical College has not only honored herself and reflected great credit to her faculty, but likewise has honored this Society, in presenting to the Board of Regents, a class of 10 who were all successful.

This should cause every Eclectic in this state to rejoice, and this Society, which in the past has at times been indifferent to the interests of the College, should awake to the fact, that the New York Eclectic Medical College is alive, and that the life of this Society depends almost wholly on the College, and without it the State Society would not exist.

As an alumnus of the Eclectic Medical College of New York, I have carefully watched its record for nineteen years, and have been pleased to note its steady progress. On the other hand, I have been pained to see members of this Society, who have called themselves Eclectics, meet with us in annual session, their motives represented by their words and actions, apparently being for the overthrow of the College. For several years this has been prominently apparent, until

specific charges were brought against her. and these people (whose leader was expelled from the National last year, and whose actions for years have been a stigma upon this Society) asked the Board of Regents to investigate, little thinking at the time that a real investigation would be made.

The Board of Regents, however, were not a body to condemn unheard, but ordered an investigation which was thoroughly made, and the report of the Board, which completely vindicated the College, is now a part of the history of the College, and of this Society; and many of you will remember the grand jubilee meeting held at the College on January 27, 1893, in honor of the event.

As it is not my purpose to tire you with a lengthy address, allow me here to acknowledge the high honor you have accorded me, and as we are a brotherhood cooperating in one medical faith, I have confidence that in case of failure in the discharge of my official duties, not fulfilling your expectations, you will bear with me and kindly give me your support, that our sessions may be influenced by feelings of kindness, sympathy and harmony, and that our acts may be strictly in accordance with our profession of liberty, justice and equality. Let us cultivate closer fraternal relations, for as Eclectics we have no business to quarrel and seek to destroy each other. Let peace be our ruling genius, remembering that those who kill their friends will sooner or later be killed by friends.

MATTEAWAN, N. Y.

IN UNION THERE IS STRENGTH.

(Read at the Annual Medical Society of the Southern Tier Association, Elmira, N. Y., June 11, 1896, by W. H. Hawley, M. D.)

VALUE OF MOTTOES AND IDEALS.

It is always helpful to have definite purposes, and definite objects in view; clear conceptions of what ought to be.

When the teacher understands that the development of will power is the object of education, when he learns that a "weak will is the secret of most of the moral and intellectual, as well as the business failures everywhere in the world," when he realizes that "in almost every case it will be found that the man who succeeds in any enterprise is the man of strong will, and that the child's will should be judiciously trained and strengthened," when he apprehends that "if the will is weak and continues weak, no amount of education can make the man successful in any profession or enterprise"; when he sees the fact that it is the youth who when duty whispers low, I must, replies "I can and will," thus demonstrating how near is grandeur to our dust, when the teacher recognizes these facts then he will concentrate his energies and aim directly toward the development and training of the will. The teacher who holds the motto: "Education is the Training of the Will," should be given the credit, not only of being the "heir of all the ages," but of standing in the foremost files of time.

In the fierce conflict of the Civil War the immortal leader who led the victorious hosts, inscribed as his motto: "We will fight it out on this line if it takes all summer", and one of the inspirations that cheered on the valiant soldiers 'who dared to do, where doing meant to die'" was the motto "On to Richmond."

When the sumptuous dinner was served in the luxurious

Court of the Persian Kings a servant was appointed to come before the king every day, and with self aroused excitement, shout: "O, King, remember the Athenians." This motto was a constant reminder to the ruler that he had vowed vengeance upon the Greeks. And in due time he marshalled one of the largest armies to make an attack on the Athenians that any general ever commanded.

Paul, the great apostle to the Gentiles, was able to found so many churches, write so many epistles, and go as a missionary into almost every land, because he concentrated his energies around the motto, "This one thing I do."

The mottoes of great men give us glimpses into the secret of their greatness. Sir Joshua Reynolds' motto was, "Work, work, work;" Voltaire's motto was, "Always at work." Henry Clay said "Never let a day pass by without exercising the power of speech." This shows the secret of his magical oratory. Nature herself has a motto. It is "Work or starve." The great Roman motto was "Labor," result "Achievement." Mottoes furnish motive power. Help us to arrive at a definite mark. Inspire us to do our utmost. It is the secret of reaching the goal pictured in a stanza by Charles Mackay.

> If thou canst plan a noble deed, and never flag till it succeed,
> Tho' in the strife thy heart should bleed, whatever obstacles control,
> Thine hour will come, go on, true soul,
> Thou'lt win the prize, thou'lt reach the goal."

What is the motto that this organization of Eclectics ought at the present time to inscribe on its banners ?

I have practiced medicine years. I have been an enthusiastic Eclectic. I have attended, with scarceely an exception, District, State and National Conventions. I have been interested beyond expression in seeing a compact fraternity which should include every Eclectic physician, and all bound together by ties of the most cordial friendship. I have longed to see Eclecticism be the leader among the many named regiments battling in the Medical Army. We

are able to out-general and outfight themall. But our progress is impeded, our victories are hindered by lack of unity among ourselves.

When Stonewall Jackson fell the South lost its strong right arm. Who knows how differently the history of the Great American Conflict might have read, if this invincible man with an iron will, had not fallen in the Virginia campaign? Yet, as we all know, he was mistaken for the enemy and killed by his own men.

It often happens in an organization that its best interests are endangered because its members sometimes mistake one another for an enemy, and fire into their reputations, or character, or position, stir up turmoil and ill-will, and the whole organization thus suffers, as a result of a lack of charity and unity.

In view of the facts as above stated, it seems to me, that an appropriate motto for our organization at the present time would be the title of this essay, namely: "In Union there is Strength."

In the Chromatic scale there are seven colors, primary and secondary. Place these colors on a wheel in proper proportion and revolve rapidly, and the several colors fade away, and unite to make a perfect white. Mix the colors imperfectly, and the revolving wheel makes them look black. If in our organization we could properly adjust our opinions, our demands, our interests, our aims, our knowledge, our love for our society, laying proper emphasis upon the individuality of each member, and then set all these things in motion, we would have a perfect white, a perfect fraternity, a perfect success. A lack of the proper adjustment of these things makes the black, that is, makes discord. The existence of each color in our supposed chromatic wheel is preserved intact. So the truth, the knowledge, the rights, that each individual may have, are all preserved in their integrity, only lost in the motion, the activity, the mutual service, for the

advancement of a common cause. Such active unity would give added strength to our society.

There is not much strength in a kite and string. But that kite may be sent over Niagara's awful chasm, to its string may be attached a rope to, the rope a small cable, to the small cable a great cable, to the great cable a suspension bridge, across which the Commerce of Nations may thunder for ages. There is very little strength in any single wire, but in the union of strands, there is strength sufficient to support a ponderous locomotive and a train of cars weighing hundreds of tons. While this bridge will support with ease a train of cars, yet, a band of music beating time and keeping step, is prohibited from crossing it, for the bridge that an Empire Express could not break down from its foundations, would under the influence of a band's harmony and unity, sway and fall into the foaming abyss.

In union there is strength. If in our society we would stand shoulder to shoulder, united in heart and purpose, to labor unselfishly for the uplifting and advancing of Eclecticism, we should accomplish vastly more for it and for ourselves.

Daniel Webster looking with prophetic vision upon a prospective disunion of states, said those immortal words, with which every school-boy, of course, is familiar: "When my eyes shall be turned to behold, for the last time, the sun in heaven, may I not see him shining on the broken and dishonored fragments of a once glorious union. On states severed, discordant, belligerent on a land rent with civil feuds, or drenched it may be, in fraternal blood. Let their last feeble and lingering glance rather behold the gorgeous ensign of the Republic, now known and honored throughout the earth, still full high advanced, its arms and trophies streaming in their original luster, not a stripe erased or polluted, not a single star obscured, bearing for its motto no such miserable interrogatory, as what is all this worth? Nor those other words of delusion and folly: Liberty first and

union afterwards. But everywhere, spread all over in characters of living light blazing on all its ample folds as they float over the sea and over the land, and in every wind under the whole heavens, that other sentiment dear to every true American heart—Liberty and Union, now and forever, one and inseparable."

As I gaze for the last time upon the low setting sun, may my eyes not behold an Eclectic organization discordant and belligerent, but united, aggressive, and in the very fore front of the advancing columns of the Medical Profession.

This may be the scene if we inscribe "Unity" upon our banners, and then live up to our Motto.

WHY SHOULD THE ECLECTIC SCHOOL EXIST?

BY JOHN W. FYFE, M. D.

In order to answer the question which serves as a caption to this paper, in a manner satisfactory to ourselves, we shall first be obliged to try to ascertain what features or principles are deemed characteristic of the Eclectic School of Medicine.

The laws of all the states now recognize the three schools of medicine and place them on equal footing before the law. There are, therefore no such things as regular and irregular schools of medicine. The three schools are regular before the law, and have guaranteed to them the same rights and privileges. Medical freedom is no longer to be fought for as in the times of the past, the battle has been fought and the victory won. Every graduated physician has the utmost liberty to pursue his calling in every honorable way, and can use such remedies and such treatment as in his judgment and common sense, he may deem curative in their nature.

The Eclectic School cannot claim to exist for the purpose of fighting medical oppression, for there is no medical oppression to fight. A few old time Eclectics still exclaim: "The Eclectic School exists to oppose depletion. We sustain the vital forces and our school is based upon that principle." But is this any more true of Eclectics than of other physicians? What school of medicine of the present day does not as a school oppose depletion and favor sustaining the vital forces? Even the most ancient alopath in practice today, uses his utmost power in his endeavors to sustain and increase the vitality of his patients. It cannot, therefore, be the principle of sustaining vital powers of the sick which distinguishes the Eclectic School from other schools of medicine.

Another class of old-time Eclectics, when asked to give a reason for the existence of the Eclectic School as a separate medical body, promptly reply with apparent satisfaction: "We chose our remedies from all sources," not thinking perhaps that all schools of the present day do the same thing. A moment's reference to either of the alopathic dispensatories will show that the alopaths have chosen scores of remedies introduced to the profession by our school, and the many which were first used in the treatment of the sick, by the Indians of our north American forests, as well as numerous others, obtained from our dear old grandmothers.

The Homeopaths also choose their remedies from all sources and use more kinds of medicines than any other class of practitioners ever attempted to employ. Does our school exhibit any superiority in its knowledge of anatomy, physiology, pathology or chemistry? I think not. Does our practice of surgery or of obstetrics markedly differ from that of other schools? If so, I have yet to learn the fact Did any member of our school ever make any discovery in any branch of medical knowledge sufficiently wonderful or of an importance sufficiently great to justify our school in claiming superiority over either of the other schools? If such discovery has been made, I am unaware of the fact. Our knowledge of anatomy, physiology, pathology and chemistry is the same as that possessed by the other schools, and for nearly all of it, we are indebted to alopathic investigators. In what then does the superiority or distinguished merit of the Eclectic School of Medicine consist? If not in the branches of knowledge hereinbefore mentioned, it surely must, if it exists at all, be found in either our materia medica, or in our methods of applying remedies to disease; that is, in our therapeutics.

If our materia medica differs materially from that of the other schools, in what does that difference consist? With a very few unimportant exceptions, all of the remedies employed by the Eclectic School are now also used by the Homeopaths, and a very large percentage of them are fre-

quently employed by members of the Alopathic school. Do we have any peculiar forms of medicines of sufficient importance to constitute a distinguishing feature? We have fluid extracts, tinctures, compound tinctures, powders and the other usual preparations of drugs, so has the old school preparations of the same general character.

If the foregoing is all true, and it is surely a matter of fact, we have thus far discovered no marked difference between the Eclectic and Alopathic schools of medicine, and consequently no valid reason for our existence as a distinct school. There is, however, one great and unquestionable difference; a difference so great that it elevates and advances the Eclectic School to a front rank in the procession of human progress. The Eclectic School has but one distinguishing characteristic, but that one feature is of far more value to suffering humanity, than all else known to the medical world.

This distinguishing feature of the Eclectic School is the partially developed system of practice, known as specific medication, or Eclectic Direct Therapeutics.

Specific medication is not the work of any one man, and whether it was originated in Cincinnati, or far away Germany, is a matter of not the slightest consequence. It is now a growth of years. It is the result of many years of the hard labor of thousands of Eclectic physicians, while seeking a better and a more certain practice of medicine. Its value to the world is amply sufficient to justify the existence of a school of medicine, depending upon it as its leading and distinguishing feature, and if the Eclectic School succeeds in perfecting this system of Therapeutics, it will not only justify its existence, but confer upon healers of the sick a power of much greater value to their patients than all of the medical knowledge now in the possession of the world.

Specific medication represents the valuable part of medical thought of all ages. It derives its name from the fact that a specific or direct remedy is used to oppose and remove

a specific or leading pathological condition, which is known to be always manifested by a certain symptom. This symptom always calls for the same remedy, regardless of the name of the disease in which it appears.

Symptoms are disease expressions—the language of disease—they tell us of pathological conditions and of the nature and location of these abnormal states. To one who makes them a study, symptoms are as plain as articulate speech. They clearly tell us of the remedy or remedies which will oppose and remove the abnormal condition of which they are the manifestations.

Specific medication is still in its infancy. Its advocates do not claim perfection for it. It will take many years of the hard work and close observation of thousands of investigators, to bring it up to a stage of development entitling it to the position of a system of therapeutics equal to all occasions. It is not presented to the medical world as a perfected system, but fifty years of earnest work has produced results which can be confidently presented as the beginning of a system of practice, more certain and better, in every respect, than any other heretofore known.

There are still a few diseases which, owing to our imperfect knowledge, do not yield to it. These we are obliged to continue to treat in the old uncertain way—on general principles. So far as we know they can only be removed by the forcible action of medicine. They require large doses—heroic treatment. But this class of abnormal conditions is steadily decreasing in numbers, through the experimentation of modern Eclectics, and with such rapidity as to give assurance that the time is not far distant when the older methods and doses will become entirely unnecessary. Five-sixths of the active members of the Eclectic School of Medicine are now treating the sick in accordance with the principles of specific medication, and every Eclectic College in the land teaches it to its students.

SAUGATUCK, CONN.

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